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The home health aide is a member of a team which provides home health care services, usually a part of the overall health services furnished by the local county health department. She does those things which are required to maintain normal physical and emotional comfort and to help the patient toward independent living in his own home, working under the supervision of a registered nurse and other therapist and following the nursing plan made by the public health nurse. The goals of home health aide training are to provide the aide with basic nursing skills, to train her in the use of equipment needed for patient care, to help her plan her work, and to teach her to record information needed by doctor and nurse. Subjects covered in the training program include the approach to patients and their families, home management, food, basic nursing skills, procedures and treatment, and planning and organizing patient care. (The document includes a glossary.) (aj)

HANDBOOK FOR HOME HEALTH AIDE
TRAINING

ED 022128

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**HANDBOOK
for
HOME HEALTH AIDE TRAINING**

Revised July 1, 1967

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FOREWORD

Many people who are ill would rather remain in their own home than go to a nursing home or hospital. The care given to these people in their home by trained home health aides, a registered nurse, and/or other people licensed in certain health fields, is called home health care.

Home health care includes patient care, patient centered housekeeping, and simple meal preparation. The aide must know how to get along with people, including the supervising nurse, the patient and his family.

This manual is designed to help the home health aide trainee gain an appreciation and understanding of the role and duties of the home health aide.

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INTRODUCTION TO THE PROGRAM

The basic service of home health care is nursing. Home health care is the care, in his own home, of the sick or injured, upon the written order of the patient's own private physician. The goal of Home Health Care Service is to provide health care services in the patient's home when this best meets his needs. It is not a substitute for hospital, extended care facility or other institutional care when this care is necessary to meet the patient's needs. Although home health care is generally much less expensive than institutional care; it will not be substituted as a second choice if the patient's needs indicate institutional care.



Home Health Care Service may allow the patient to return home from the

hospital, extended care facility or nursing home more quickly. Members of the home health team will teach the family to give needed patient care and will encourage the patient to do for himself.

The Home Health Care Program is usually a part of the over-all (generalized) health services provided by the local county health department. The State Health Department assists local health departments in carrying out this service. In turn, the state Health Department gets assistance from the United States Public Health Service.

The Home health aide is a member of a team which provides home health

care services. She does those things which are required to provide and maintain normal physical and emotional comfort and to help the patient toward independent living in a safe environment (home). This care is given under the supervision of a registered professional nurse (R.N.); also, under the supervision of a physical, speech, or occupational therapist when indicated.

The aide's duty is for the most part personal care of the patient. This includes:

1. Helping the patient with bath, care of mouth, skin and hair.
2. Helping the patient to bathroom, in using bed pan or commode.
3. Helping him move about from place to place.
4. Helping him with exercises which he and the aide have been taught by professional personnel.
5. Encouraging the patient to be as self reliant as possible within his limitations.
6. Helping patient to eat; preparing meals (including special diets); and shopping for food when necessary.
7. Assisting with medicines the patient can take by himself.
8. To teach the family to do those things which will make it easier for them to give the patient care at home and which will prevent or postpone the patient going to the hospital or nursing home.
9. Promoting mental alertness of the patient through conversation and appropriate activities.
10. Noticing changes in the usual physical or mental condition of the patient and reporting these changes to the supervising nurse.

GOALS AND PRINCIPLES OF HOME HEALTH AIDE TRAINING

Goals:

1. To train the home health aide in those basic nursing skills needed to care for a patient.
2. To train the home health aide in the use of equipment needed for patient care.
3. To train the home health aide to plan her work.
4. To teach the home health aide to record information needed by the doctor and/or public health nurse.

Principles:

1. The home health aide works under the supervision of the supervising nurse and other therapists as needed.
2. Follows a nursing care plan made by the public health nurse.
3. Washes her hands before and after caring for the patient to protect herself, the patient, and the family.
4. Gives no medication or treatment without instructions from the nurse. The nurse in turn issues instructions only when she has a physician's written order to do so.
5. Does not impose her will in household decisions nor her own religious and political beliefs on the patient and the family.
6. Does not discuss her personal and family problems with the patient or his family.
7. Remembers that her own neat, clean appearance and pleasant disposition contributes to the well being of the patient.
8. Remembers that a patient's morale (spirits) is lifted when he is bathed, neatly dressed and in clean and orderly surroundings.

GOALS AND PRINCIPLES OF HOME HEALTH AIDE CARE

Goals:

1. To train the home health aide in _____.
2. To train the aide in _____.
3. To train the home health aide _____.
4. To teach the home health aide _____.

Principles:

1. The home health aide works under _____.
2. The home health aide follows _____.
3. _____ before and after caring for a patient.
4. Gives no medication without _____.
5. Does not discuss _____ problems with patient.

ETHICS - DO'S AND DON'TS OF CONDUCT

1. Respect authority. The home health aide works under the supervision of the registered professional nurse, who works under the direction and orders of the patient's private physician.
2. Be honest, dignified, cheerful and be loyal to the agency which employs you, and to the patient and his family.
3. Be courteous and thoughtful of the patient, his family and to fellow workers. These traits are necessary for the well being of the patient and to good relationships with fellow workers. When first meeting the patient or a member of his family, introduce yourself by name and position. Avoid calling adult patients by first names or calling elderly persons "Grandpa" or "Grandma" unless asked to do so. Old friends should be addressed as usual. The manner in which the first contact is made may determine future relationships with the family.
4. Be punctual (on time). The patient and/or the family may be quite upset if the aide is late. Call the agency employing her/him if unable to make the visit on time or not at all.
5. Do not discuss religion, politics and social customs.
6. Speak in a pleasing voice. No patient should be subjected to mumbling or a loud, harsh voice. Good speech is important not only in the choice of words but also in the manner in which they are spoken. The aide must learn to know when a patient wishes to talk or when he would rather be quiet. Avoid gossip and profanity.
7. Move quietly. Avoid bumping into bed or other furniture, avoid slamming doors or dropping noisy articles. Avoid as much noise as possible.
8. Avoid discussing your patient's condition with the family. Refer all such inquiries to the R. N. in charge.

9. Don't whisper nor carry on a conversation in a low voice within or near the patient's room.
10. Be very careful of your patient's belongings. Any member of the health team giving home care must remember that he or she is entering a PRIVATE home and should respect the property and possessions of that home. Furniture should not be moved or any item destroyed or discarded without the consent of the owner. This may be difficult at times with elderly people who hoard all manner of items through the years.
11. Avoid giving or receiving gifts from patients, families or friends. The aide represents an agency and is not working as an individual. Many problems and misunderstandings may be avoided if the matter of receiving gifts of any kind is understood from the beginning.
12. Do not use the telephone in the patient's home for personal calls. It is not wise to call the agency from the home regarding patients other than the patient in that home. When possible, do this outside the patient's hearing. If within the patient's hearing, be sure to fully explain what was discussed so the patient will not have undue anxieties about the conversation.
13. The aide will need help in establishing a good basis of relationship with the family and patient from the beginning. The manner in which the first contact is made may determine future relationships with the family. It must be remembered by members of the health team coming into this household that this is the family's private home. Routines and schedules should be planned which fit into the normal patterns of this household as nearly as possible. This plan of care is determined by the nurse after an exchange of information among the family, the doctor, the aide and others involved in the care. Unpleasantness may

occur between the aide and the patient or his family if the aide does not know that the patient may be hard to please or be angry in times of illness. The aide must recognize that this behavior is not directed personally toward her. She must learn to remain calm and not react unkindly. If an unpleasant relationship persists, the aide should feel free to discuss this with her supervisor and determine a means of solving the problem. Under no circumstances is the aide to argue with the family or patient.

14. Give the family a receipt for the amount of money received for errands such as grocery shopping or laundry, and on returning, note the exact amount of change after deduction of money spent. Use the receipt book given by the agency.
15. Do not eat a meal with the family. This avoids the complaint that the aide "eats up their food." The schedule should be so planned that there is time for lunch before or after home visits.
16. Do not smoke in the patient's room. "Smoker's breath" and smoke are offensive to many people and may even cause sickness in certain patients.
17. Respect the patient's right to privacy. Information gained in the patient's home or from records must not be shared with anyone except the doctor or the professional nurse giving supervision of the care. One must be very careful not to discuss patients or families with fellow workers in public places where conversations may be overheard by others.
18. Likewise, the aide must not discuss her own personal affairs with the families she serves. If the aide needs help with personal problems, they may be discussed with the supervisor. The aide is in the home to provide assurance, strength and help to the patient and the family. She cannot do this if she further burdens them with her own problems.

19. The aide should not give advice on personal problems, diets or treatments. Nursing care decisions are made by the professional nurse as prescribed by the patient's private physician.

PERSONAL HEALTH

A home health aide should have good physical, mental and emotional health in order to give good patient care. The best way to find out about one's physical condition is to have a physical examination by a doctor. It is important that the home health aide trainee have an examination before beginning classwork.



Each person has a responsibility to make good health a personal goal. An understanding of means of maintaining personal health is extremely important for the home health aide. A well-balanced day of work and recreation will help maintain health and happiness.

A well-balanced diet will give necessary nutrients for growth and repair of tissues, energy, and maintenance of body functions.

Rest is important for physical and mental health. Periods of rest and sleep allow the body to become refreshed. Although the amount of sleep and rest needed by individuals may differ, an adequate amount is necessary for maximum efficiency.

Recreation is important because it is a relaxing period, which is a change from usual activities. Desirable recreation will be different for individuals of different temperaments and occupations.

Physical exercise and outdoor activity are important for good health.

Good personal habits will help protect one from certain illnesses. Personal habits are extremely important. Hands must be washed with soap and rinsed under running water when available before and after patient care, when hands are soiled, after use of the handkerchief, after each visit to the toilet, and before preparing food. This will help eliminate the spread of certain bacteria.



Prevention of food poisoning and cleanliness will be discussed in the unit on home management. It is extremely important that the aide be conscious of the possibility of spreading disease. In as much as a patient may be susceptible to infections, precautions should be taken to prevent the spread of disease. A home health aide must not do patient care when she has res-

piratory or other diseases.

To protect others, the home health aide must cover mouth and nose with a paper tissue when sneezing or coughing and teach patients to do the same.

Personal appearance of the home health aide.



Check yourself in a mirror before going on duty.

UNIT I

A. Introduction to the Program.

1. Home health care is _____

2. The goal of home health care is _____

3. List 10 duties that might be assigned to the home health aide.
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.
 - j.
4. Your manual has given you eighteen "do's and don'ts" of conduct. Study this list, then choose the five that will be the most difficult for you to follow as a good home health aide.
 - a.
 - b.
 - c.
 - d.

e.

B. Personal Health.

1. Define the following terms.

- a. Mental Health _____
- b. Balanced Diet _____
- c. Recreation _____
- d. Personal Hygiene _____

C. Personal Appearance.

1. Study the page on personal appearance. What three suggestions will be the hardest for you to follow?

- a.
- b.
- c.

UNIT II
THE APPROACH TO
PATIENTS AND FAMILIES

UNIT II

THE APPROACH TO PATIENTS AND FAMILIES

Background

When people are sick and/or disabled, they often feel helpless. They may be afraid of many things, some of which are not really likely to happen. They may fear pain and not understand why they do not improve faster. They may be lonely, think no one cares for them, or they will become helpless and left alone to die. Sometimes the fears show up as childishness; sometimes as stubborn or angry words or actions. The Home Health Aide helping to care for the sick person, should try to understand what makes the person act as he does and find ways of making him feel more comfortable and cared for.

Everyone, sick or well, has certain common human needs:

To be loved

To feel useful - to feel that someone needs him

To have food and shelter - a place that is home

To be respected and to belong - to be a part of a group

To have some religious expression

Each patient is different; each family and situation is different. People also have different needs and wants at different ages and times. The aide should also be aware that the way she feels toward a patient will help or hinder her in giving services.

The training course and the Nurse Supervisor will give the aide some ideas about how to work as a team member to help the patient with problems of illnesses at home.

Understanding the Elderly

It is often said "old people are just like children", or "they are children." The old person is not a child; he has had the experience of nearly a lifetime of living. Those who truly want to help him should treat him as an adult with his own needs, rights and feelings.

"Growing up" is spoken of with respect while "growing old" is spoken of with fear, because illness, a handicap, inactivity, being dependent on others and living in the past sometimes come with aging. Many problems of older people result from chronic diseases and not from aging.

Each person is different and the way he ages will depend on his physical condition, his present illness, his past experiences and his relationships with his family and other people. Each person is an individual human being with his own background and needs. He should be respected for himself and what he is capable of being and doing.

The aging person often loses some of his physical and mental powers. There may be some muscle weakness; body and brain tissue changes may occur which affect the person. The senses - hearing, taste, smell, sight, touch, balance--may become less acute. He may become forgetful.

Elderly people are troubled by the signs that they are "slowing down" and can't do things as well as they formerly could. The older persons often cling to fixed routines. They should not be hurried as they react more slowly.

Our own feelings toward growing old and toward aged persons will affect the way we can work with them. Genuine interest, warmth and affection for elderly persons can be of support and comfort to them.

The aide needs to deal gently but firmly with the older person and help him to maintain an interest in life. He should be encouraged to do things for himself and for others no matter how small.

Physical care may be required by every person both young and old, but physical existence alone is not enough at any stage in life. Everyone needs love and affection to grow into a well adjusted adult who can make decisions for himself, put his talents to use, and get satisfaction out of life.

The older person may be worried about his money or lack of money; loss of family members and friends by death; his own health or illness; that he is no longer the provider or homemaker and is useless; will be a burden on his children; will become dependent or will be deserted. His feelings about himself will in part determine what he does and says.

Older people often do not like changes in routines or in living arrangements. They hang on to familiar things. However, if they know the reason the change is necessary, they may be able to make it more easily.

Because it is not unusual for people to feel unwanted and useless, the Home Health Aide must find ways to keep them interested in living and hopeful toward the future. She should do everything she can to make each day pleasant, comfortable and meaningful for the patient.

Suggestions

(1) The Home Health Aide can be an important person to the ill person by having patience, a sense of humor and being understanding but firm. She must also be interested in her patient and have a desire to help him.

(2) The aide should talk naturally, with warmth, and rely on her common sense. She should try to help people in the way they want to be helped, without trying to "make them over."

(3) The aide should understand the overall medical and nursing plan for the patient and the part she plays in it. Knowing why some activity needs to be carried out helps her to do a better job with the patient.

The aide cannot solve all of the problems of the patient or family. She is one of a number of Services helpful to the family - the physician, nurse, social worker and others.

The aide is not expected to work miracles. The patient's own strengths and weaknesses will determine how much progress he can make even with her help.

(4) Some patients require mothering; some want to be independent. Independence should be encouraged whenever possible.

(5) The Aide should allow choices. She should do things "with" the patient and not "for" him. The patient should choose what he wishes to do for himself whenever possible.

(6) Most people like doing things the way they have for years, such as washing dishes and making coffee. People should be accepted for what they are and the Aide should try to understand and respect their way of doing things.

(7) The Aide should be friendly, sincere, kind, courteous, and be a good listener. She reports to the Nurse Supervisor what she observes, as she may see the patient more often and for a longer time than any other member of the Health Team. The report as to what the patient does, how he eats, what he complains about, will give the nurse and doctor information as to how he is getting along.

(8) Persons caring for aged and ill patients sometimes become "over sympathetic and depressed." If the Aide becomes aware that she has this reaction, she should talk with her Nurse Supervisor.

Working With Patients

(1) The Home Health Aide should be introduced to the patient and family so they know who she is, the agency she represents, and what she will be doing while in the patient's home.

(2) She will be talking with patients and members of the family in her work. She should address them as Mr. A or Mrs. B rather than by first names; children may be called by their first name. If over the years the Aide has called a person Aunt Maggie or Uncle John for example, continue to do so.

Questions should be answered briefly if the Aide knows the facts; if not, she may explain that she will talk with the Nurse Supervisor about their question. She must not argue or take sides in arguments, i.e., about sex, religion, politics or family affairs.

(3) The Aide must not talk about medical or family problems of her patients outside the home, except in conference with the Nurse Supervisor.

She must not talk about the family and/or the situation when she is off work.

(4) Personal questions should be answered briefly. The Aide does not share her own experiences or compare the present situation with other similar situations.

(5) The Aide should let patient and family know when she will visit and how long she will stay. The visit should be made as promised and "on time." The Aide should not hurry her visit; for example, she may wish to sit and "visit a bit"; this conversation itself may be of help to the patient. The patient and/or the family should be reminded as to the time of the next visit and that the family can depend on it. If, for any reason, the Aide cannot make a planned visit, the Nurse Supervisor should be notified.

Some Basic Mental Health Principles

(1) Good mental health means liking and trusting other people and taking it for granted that they will like and trust you. It means being tolerant of other people's shortcomings as well as of your own and not expecting to be perfect.

(2) All people are more alike than they are different in their feelings. When you feel timid or shy toward another person, remember he or she may be feeling timid toward you.

(3) Everyone is a little frightened of new things, places and people. Some people show fear by acting bold and strong or even acting angry. Others show fear by being quiet and saying or doing as little as they can.

(4) People often act toward something new as they have acted in the past. If throwing a tantrum got them their way as a child, they may still throw tantrums today, not knowing that their needs would be met by simply asking. If others have treated them better when they were sick, they may find it hard to give up being sick.

(5) The best way to help people change their ways is by letting them know you care what happens to them. Change is difficult and comes slowly; nagging, scolding and fussing do not help.

(6) Growing old sometimes causes changes in the brain, so that the person really cannot remember or think clearly in a reasonable way. Kindness and patience are the best ways to make up to the person for what he has lost.

Bibliography:

Home Nursing Textbook - "The Later Years" and "The Patient With a Long-Term Illness."

Public Affairs Pamphlet #347 - "A Full Life After 65" by Edith M. Stern

UNIT II

THE APPROACH TO PATIENT AND FAMILIES

A. Background

1. List five common human needs.

- a.
- b.
- c.
- d.
- e.

B. Understanding the elderly.

1. Should adults be treated as children? Explain.

2. Why is growing old spoken of with fear?

3. Give five things that older persons frequently worry about.

- a.
- b.
- c.
- d.
- e.

4. List ways the home health aide may be able to give emotional help to an elderly person:

- a.

b.

c.

C. Suggestions

1. After reading the suggestions as to how the home health aide may help the patient, in which four ways do you feel (with your own personality) can contribute most.

a.

b.

c.

d.

D. Working With Patients

1. Mark the following statements true or false by circling true if statement is true, or false if statement is false.

- | | | |
|--|------|-------|
| a. It is important that the home health aide be introduced to the family. | True | False |
| b. It is friendly to call patient's grandma, aunt, uncle, or by some familiar term. | True | False |
| c. The aide may be able to assist the family by settling family arguments. | True | False |
| d. The aide must not talk about medical or family problems outside the home. | True | False |
| e. The patient's should hear and help solve the family problems of the home health aide. | True | False |
| f. The time and length of visit of the home health aide does not need to be prearranged. The patient will always be there. | True | False |

E. Some Basic Mental Health Principles

1. Mark the following statements true or false.

- a. A person in good mental health does not trust others until he learns if they are trustworthy. True False
- b. All persons are more alike than different in their feelings. True False
- c. Individuals are seldom frightened of new things, places and people True False
- d. All people are shy and quiet if they are frightened by new situations. True False
- e. Adults never throw temper tantrums. True False
- f. Change is easy for most people. True False
- g. Old people act forgetful to get attention; there is usually no excuse for their forgetfulness. True False

UNIT III
MANAGEMENT OF THE HOME

UNIT III

MANAGEMENT OF THE HOME

Introduction

Home management is frequently one of the most important responsibilities of the home health aide. Extended illness of any member of the family often changes routine of household operation and creates a need for more careful planning.

It is usually wise to think about what each member of the family could do, not only to help the patient, but to assist in having a smooth running home. This helps the family as a unit, and makes each member feel that he has a part.

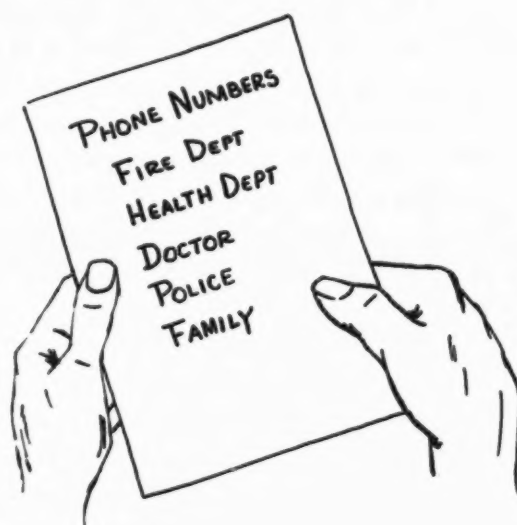
The home health aide should have a plan to help family members understand what should be done in the home in case of an emergency. Telephone numbers of the physician, fire department, police station, etc., should be where they can be obtained immediately.

In many homes, rearrangement of certain furnishing and supplies may help to decrease time and effort required in patient care. Any rearrangement of furniture or supplies should be discussed with family members before changes are made. For example, if there is no downstairs bedroom available, it might be wise to convert a downstairs room to a bedroom, in order to save time and effort for those caring for the patient, and to keep the patient from feeling so removed from the family.

Equipment can be purchased or improvised to make patient care easier. For example, the patient's bed may be placed on blocks of wood, in buckets of sand, or raised in some manner to make patient care easier.

Too frequently, families make an effort to do everything possible for the patient, to the extent that the patient does nothing for himself. Every effort should be made to motivate the patient to help himself as much as possible. This is extremely important for the patient during the rehabilitation period.

Recreation is also important for the patient. A little planning may encourage friends and family to come in for a game of cards or checkers, and may avoid an avalanche of visitors one day and a day of loneliness the next.



Menu planning and wise food management may be especially important during a period of illness. Illness not only changes family routine but frequently creates a strain on the family budget. With family cooperation, nutritious low cost meals may help relieve the financial strain.

The home health aide must always remember that the supervising nurse decides what duties should be performed in each home. Conferences may be held by the nurse and physician, or the nurse and the aide to discuss which duties will be most valuable in each home.

Families will be more cooperative if they have a part in decisions in regard to the work of the home health aide and family members. It takes tact to work with family members. During the first visit the home health aide will want to talk with the family about the jobs for which she will be responsible. The first step is to get acquainted with the patient and other family members and talk with them about the usual family routines. They may make suggestions of ways in which they may help. Careful consideration should be given to the amount of time to be spent and which duties should come first in the care of the patient. From this discussion, a schedule can be made. All schedules are worked out on a temporary basis, since changes may be necessary later.

Plans need to be made for buying groceries and other supplies. If the home health aide has the responsibility for such purchases, she must make lists, keep receipts and account for money she spends. It will save problems if the home health aide writes down the items purchased and the cost, and then returns the change and the list to the responsible member of the family.

Physical Environment

Each home will have a different physical environment. The homes in which the home health aide will work will be different in many ways. One of the first steps is to find out what help the patient may have from family members, neighbors and friends. Plans may be made to divide the work and share home responsibilities during the time the home health aide will not be there.

The home health aide will need to know what equipment is available in the home and how to operate it efficiently. If she is not familiar with the equipment, she should ask some member to teach her how to use it. It is also a good idea to know the locations of electric, water and gas shutoffs.

Safety, Sanitation, and Housekeeping

Safety is everyone's responsibility and especially important to the home health aide. For this reason, an understanding of the causes and ways of prevention of accidents is important. Worry, being too tired, tense, careless, too little training and poor planning are all causes of accidents.

The home health aide should be aware of the importance of placing such items as glasses, call bells, and watches where the patient can reach them easily. Many falls occur while the patient is reaching for such things, or while getting in and out of bed. Assistance should be given to the patient when getting in and out of bed if there is any question regarding this need.

One of the causes of home fires is smoking in bed. If the patient smokes, particular attention should be given to supplying ash trays and observing safety measures.

Spilled water and food must be wiped up at once. Highly polished floors should be discouraged and throw rugs should be anchored or removed.

Some accidents are caused by worn electrical cords and appliances. Worn insulation on electrical cords should be taped. Observe safety practices while using electrical equipment. For example, never use electrical equipment while standing on a wet floor, or handle electrical cords with wet hands.

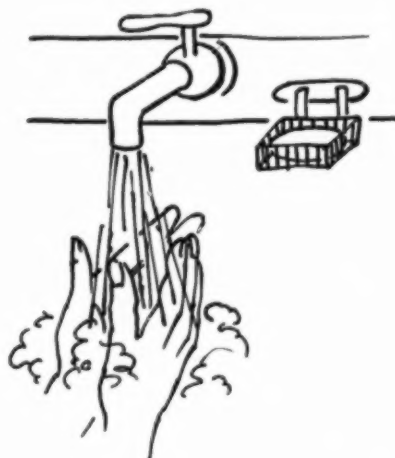
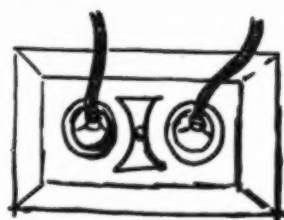
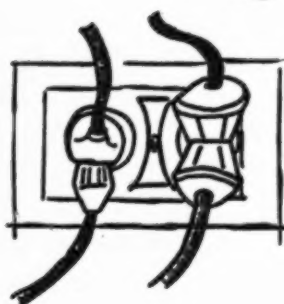
Sprays, disinfectants and cleaning agents must not be kept with food, must be well labeled, and stored in a closed cabinet.

Certain medications should be carefully stored. The Home Health Agency registered nurse will advise as to care and use of medicines.

Cabinet storage doors should be kept closed and traffic lanes should be kept clear.

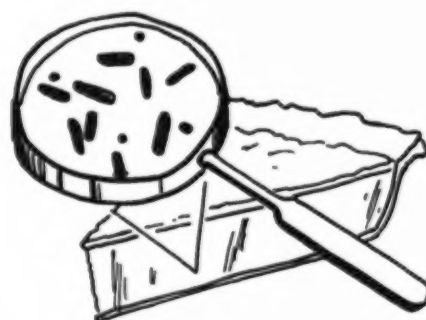
The registered nurse and the physician will probably recommend safe methods for use of crutches, canes, hand rails, and wheel chairs.

Certain sanitary principles should be observed. For example, hands must be washed with soap and water before and after giving patient care and before handling food. Waste materials from the sickroom must be disposed of as soon as possible. Bed linens should be changed frequently. Make good use of disposable items, if available, such as paper towels,



cups, and disposable tissues. Dishes should be washed with hot soapy water and rinsed with boiling water.

The home health aide should be careful to prevent possible food poisoning. Open pimples or wounds may contaminate foods with staphylococcus bacteria. Salmonella infection results from infected dairy products, custards, meats, raw eggs and smoked fish. Patients should never be served food in which the egg whites have not been thoroughly cooked. Perishable foods should be kept refrigerated with special attention being given to cream puddings, pies, ham, chicken, potato salad and leftovers. Never taste home-canned, non-acid foods without boiling vigorously for 20 minutes. They may contain a bacteria which causes botulism, a food poisoning that frequently causes death.



Management

Management of food preparation can be shared by the family and the aide. Advanced planning and preparation for meals to be served at a later time is a part of food management. The recording of recipes and amounts to be served will be helpful to both family and aides. It may be advisable to leave a packed bed-side lunch for some patients who live alone. Whenever possible, the menu should be one that will be suitable for the whole family.

Management also includes helping the patient "help himself". Some patients may be able to assemble a meal from partially prepared foods. Plan to make self-care easy, by such practices as placing telephone near bed, or leaving a vacuum

bottle or pitcher of fruit juices, water or beverage on bedside table. Leave recreation material (e.g., knitting and books) within reach of the patient.

Reduce trips up and down stairs and other errands by thinking ahead. They will save both time and energy. Avoid waste motion by collecting everything for each task before it's begun, such as cleaning materials, supplies needed for bed bath or tray set-up. Labor-saving equipment, foods and ideas should be used whenever possible. Use the best tools for the job. Save motion by making both hands work instead of one. Good posture while working, and comfortable, well-fitting shoes will help prevent fatigue.

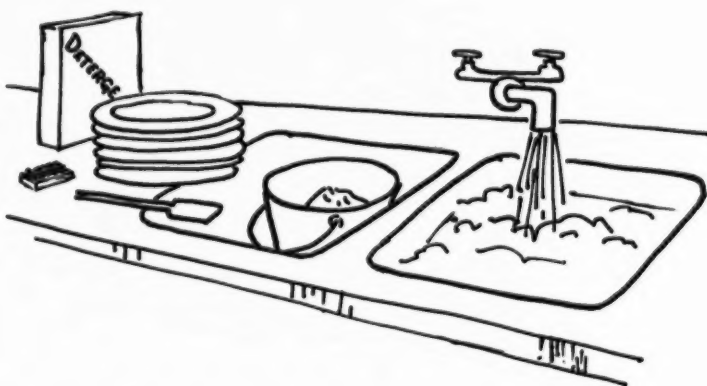


The home health aide will be responsible for the care of the patient's room, the kitchen, and the bathroom when this is part of the patient's care plan. Since an orderly room is most essential

for the patient's well being, the bedroom will be considered first. Give personal care to the patient as directed by the nurse. Check the jobs to be done, gather equipment, remove waste baskets and empty ash trays. Dressers and tables should be cleaned and neatly arranged and in general, proceed with cleaning from top to floor. Replace everything in its place, and adjust lights, ventilation and heat before leaving the room.

The following is a suggested procedure for cleaning the kitchen:

1. Put away or dispose of food - check refrigerator for spoiled foods.
2. Scrape and rinse dishes and stack for washing.
3. Wash and put away dishes using sanitary procedures - scald with hot water as suggested in "Sanitation Unit."
4. Clean all surfaces, including range top.
5. Sweep.
6. Empty trash and dispose of garbage.
7. Mop floor, if necessary.



A suggested procedure for cleaning bathroom is:

1. Remove soiled towels and wash clothes.
2. Clean and sanitize fixtures (wash basin, tub and stool).
3. Clean floor.
4. Empty trash.

UNIT III
MANAGEMENT OF THE HOME

A. Introduction

1. Read the following statements carefully. After you have decided if the statement is true or false, circle true or false in the column at the right.

- | | | |
|---|------|-------|
| a. Each member of the family should have a part in helping the patient and in running the home. | True | False |
| b. A home health aide should feel free to rearrange the furniture or other household equipment. | True | False |
| c. The home health aide should insist on securing a hospital bed for the patient. | True | False |
| d. A patient should be taught to help himself as much as possible. | True | False |
| e. It is sometimes wise for the home health aide to help plan recreation for the patient. | True | False |
| f. The supervising nurse, after consultation with the physician, determines what duties will be performed in each home. | True | False |
| g. Families should have a part in decisions in regard to the work of the home health aide. | True | False |
| h. A home health aide should work in a home for a few weeks before discussing her own responsibilities with the family. | True | False |

- i. Schedules should be worked out on a temporary basis. True False
- j. The patient and the family will usually trust the
home health aide, so it is unnecessary to keep
receipts of money spent for the patient. True False

B. Physical Environment

1. List ten ways in which home environment will differ in different homes. (This answer is not in your text.)
- a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.
 - j.

C. Safety, sanitation and housekeeping

1. Five causes of accidents are:
- a.
 - b.
 - c.
 - d.
 - e.
2. Glasses, call bells, and watches should be placed within the patient's reach to prevent _____.
3. Some causes of home accidents are:

- a.
- b.
- c.
- d.
- e.

4. Some sanitary principles which should be observed are:

- a.
- b.
- c.
- d.
- e.

5. Salmonella infection results from _____

6. Food may be contaminated by staphylococcus bacteria from _____

7. Home canned non-acid foods should be boiled vigorously for 20 minutes to prevent the food poisoning called _____.

D. Management

1. Check the following statements as true or false by circling either true or false.

- a. Management of food preparation can be shared by the family and the aide.

True False

- b. The home health aide is never concerned with advanced food preparation. True False
- c. A packed bedside lunch could be helpful to some patients. True False
- d. Good management includes helping the patient "help himself". True False
- e. Patients should never be allowed to help prepare their own food.
2. Some means of saving time and energy are?
- a.
- b.
- c.
3. Fatigue may be prevented by:
- a.
- b.
4. Outline the way you would care for the patient's room, giving steps in order of procedure.
- a.
- b.
- c.
- d.
- e.
- f.
- g.
5. Outline a suggested procedure for cleaning the kitchen.
- a.
- b.

c.

d.

e.

f.

g.

h.

6. Outline a suggested procedure for cleaning the bathroom.

a.

b.

c.

d.

UNIT IV
FOOD FOR THE PATIENT

FOOD FOR THE PATIENT

Introduction

Food means different things to different people. It may show the measure of feeling and understanding of those who prepare it. It may be the means of supplying social, emotional and physical needs to one patient, while to another it may be only a means of meeting a physical need. A patient's emotions may affect his food acceptance, while on the other hand his food acceptance will affect his emotions.

Keeping in mind the difficulty of understanding various attitudes on food, the following factors must be considered:

1. Food must be accepted and eaten by the patient before it is of value.
2. The home health aide should not influence patients because of their own food likes and dislikes.
3. Food must meet the cultural needs of the patient.
4. Food represents life and love.
5. The meal plan must be based on the food habits of the patient.
6. As a person is more or less healthy, his food needs, attitudes and uses change.
7. Religious dietary laws must be observed when planning the menu.
8. The family income at time of formation of food habits, as well as at present time may affect the individual's choice of foods.
9. A satisfied patient improves the public image of the home health aide. High quality food preparation contributes to this image.

Normal Nutritional Needs

Nutrition may be approached in two ways: One way it may be thought of is in terms of foods. These are usually classified as the Basic Four--the milk group, the meat group, the vegetable and fruit group and the bread and cereal group.



Daily Food Guide for Adults

Food Group	Total Recommended Servings	Average Size Serving
Milk Group	2 or more 8 oz. cups	1/2 to 1 cup
Meat Group	2 or more servings for a total of 4 to 6 oz.	2 or 3 ozs.
Vegetable and Fruit Group	4 or more servings	1/2 cup
Include:		
Citrus fruit or other fruit or vegetable high in Vitamin C.	1 serving of food of good source or two servings of fair daily.	1/2 cup
Dark green or dark yellow vegetables high in Vit. A	1 serving at least every other day.	1/2 cup
Other fruits and vegetables	To make a total of 4 or more servings	1/2 cup
Bread and Cereal Group (whole grain, enriched or restored)	4 or more servings	1 slice of bread or 1/2 to 3/4 cup cereal
Other Foods	As needed to complete meals and to provide additional food energy	

References:

A Guide to Good Eating, National Dairy Council, Chicago 60606
 Food for Fitness Leaflet No. 424, U. S. Dept. of Agriculture
 Pictures as pp. of the new Red Cross textbook.

Milk Group

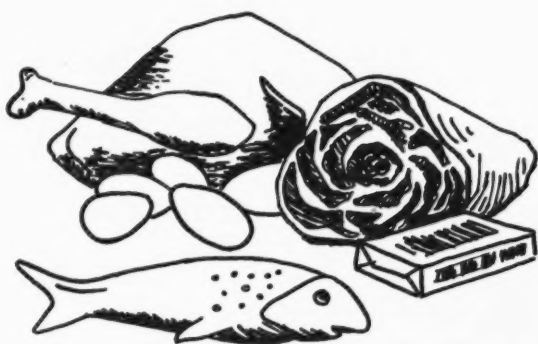
Includes: Milk and milk products

Recommended allowance: 2 or more cups daily or equivalent (amount of milk products equivalent (equal) to one cup of milk will be explained in exchange diets.)

Contributions to diet: Milk and/or milk products is the leading source of calcium. They also provide complete protein, riboflavin (Vit B₂) and other nutrients. Whole milk, cream, and cream products also contribute Vit. A.



Meat Group



Includes: Beef, veal, lamb, variety meats (e.g., liver, heart, kidneys) poultry, eggs and fish. These foods from animal sources are called complete proteins. Alternate proteins - dry beans, dry peas, peanuts, and nuts. These foods from plant sources are called incomplete proteins. Recommended allowance: Two or more servings a day. Count 2 to 3 oz. of meat or equivalent (equal) a serving. (Equivalent explained in exchange diets.) Contribution to diet: Foods in this group are necessary to provide protein for growth and

repair of body tissues. These foods also provide varying amounts of iron, thiamine (Vit. B₁) riboflavin (B₂) and niacin (part of Vit. B complex). The protein in dry beans, peas, lentils, nuts and peanut butter is incomplete, so the protein is used more efficiently by the body if a protein food from an animal source is included in the same meal. (Example: include ham when using dry beans.)

Vegetable and Fruit Group

Includes: All vegetables and fruits. Those valuable as sources of Vit. C and A are emphasized.

Recommended allowance: 4 or more servings daily, including:

1. One serving of a food classed as a good source of Vit. C or two servings of a food classed as a fair source of Vit. C.



Good source of Vit. C include: Grapefruit, grapefruit juice, orange, orange juice, cantaloupe, new strawberries, broccoli, green and red peppers.

Fair sources of Vit. C include honeydew melons, tangerines, watermelon, asparagus tips, brussel sprouts, raw cabbage, collards, kale, mustard greens, white and sweet potatoes (cooked in jacket), spinach, turnip greens, tomatoes, and tomato juice.

2. One serving at least three times a week of a dark green or deep yellow vegetable or fruit for Vitamin A.

Good sources of Vit. A include apricots, broccoli, cantaloupe, carrots, chard, collards, kale, pumpkin, spinach, sweet potatoes, turnip greens and other dark green leaves and winter squash.

3. Choose the remaining servings to make a total of at least four servings a day, from other fruits and vegetables.

Recommended allowances: 4 or more servings a day. A serving is counted as 1/2 cup of vegetable or fruit or juice or a portion as usually served (1 medium apple, orange, potato or 1/2 medium grapefruit or cantaloupe).

Contribution to diet: Fruits and vegetables provide minerals, vitamins and roughage in the diet. This group must supply almost all of the Vitamin C required and over 1/2 of the Vitamin A.

Bread and Cereal Group

Includes: All bread and cereals that are whole grain, enriched or restored - (breads, cooked cereals, ready-to-eat cereals, cornmeal, crackers, flour, grits, macaroni, spaghetti, noodles, rice and rolled oats.



Recommended amounts: 4 or more servings daily. A serving is counted as one slice of bread, one ounce or 3/4 cup of dry, ready-to-eat cereal, 1/2 cup cooked cereal, cornmeal, grits, macaroni, noodles and rice.

Contribution to diet: Whole grained or enriched cereal or cereal products in the diet furnish energy and some thiamine (B₁) niacin (part of B complex) iron and a small amount of incomplete protein.

Other Foods

Include: Fats, oils, butter, margarine, sugars and unenriched refined grain products.

Contribution to diet: Furnish additional calories for energy and sometimes add to total of other nutrients in diet.



Normal Nutritional Needs

Nutrition may also be thought of in terms of nutrients. Certain known nutrients are necessary to maintain physical and mental health. These nutrients are divided into five major classifications:

1. CARBOHYDRATES (sugar and starches)
Necessary for energy.

2. FATS
Necessary for energy.

3. PROTEINS

- a. Builds and repairs cells and tissues. May be converted to energy if not needed for building. Complete protein has all the building blocks (amino acids) necessary for health. Animal

sources (with the exception of gelatin) are complete proteins. Examples are beef, pork, lamb, fish, poultry, eggs, milk and cheese.

Incomplete protein is usually from a vegetable source. Some complete protein should be included in the same meal as the incomplete protein to assure the body will use it for building. Examples of incomplete protein are dry beans, dry peas, lentils, nuts, peanuts and peanut butter.



PROTEIN IS FREQUENTLY DEFICIENT in the diet, especially in the diets of the low income group and the elderly.

4. MINERALS

CALCIUM is needed for healthy bones and teeth, to regulate muscle action, and to help blood clot. The most important food sources of calcium are milk and milk products such as cheddar-type cheese. Dark green leafy vegetables are also sources of calcium.

IRON is necessary for the making of hemoglobin in the red blood cells. These cells, which are manufactured in the bone marrow, carry oxygen to the cells.

Excellent sources of iron are liver, heart, kidney, lean beef, pork, lamb, legumes (dry beans, peas, etc.), dried fruit, leafy greens and enriched or whole grained cereals.

Phosphorous, potassium, iodine and other minerals are also essential in diet. If other requirements are met by food intake, these will usually be adequate.

5. VITAMINS

VITAMIN A

- a. Necessary for normal vision, healthy eyes, healthy skin and body lining. Vitamin A is a shield against infection, such as colds and pneumonia.
- b. Vitamin A is found in dark green and yellow vegetables and fruits (e.g., apricots, broccoli, cantaloupe, carrots, chard, collards, cress, kale, pumpkin, spinach, sweet potatoes, turnip greens and winter squash), liver, butter, fortified margarine, cream, egg yolk, cheese (yellow) and fish liver oils.
- c. Vitamin A is a fat soluble, insoluble in water and is not destroyed by ordinary cooking temperatures.
- d. Overdoses of Vitamin A in concentrated form may cause liver damage. Vitamin A is not excreted. Take Vitamin A in concentrated form only on physician's prescription. One cannot get an overdose from foods.

VITAMIN B COMPLEX

Vitamin B is really a complex because instead of being one substance, as was first thought, it is made up of several distinct substances. The best known are Thiamine (B₁) and Riboflavin (B₂) and Niacin.

VITAMIN B₁ (Thiamine)

- a. Necessary to maintain appetite, retain muscle tone and healthy mental attitude. Vitamin B₁ is also necessary for carbohydrate metabolism and elimination. Lack of Vitamin B₁ affects interest, ambition, attention and sociability of patients.
- b. Good sources are pork products, legumes, whole grains and enriched cereals (enriched flour has six times as much as unenriched).
- c. Vitamin B₁ is water soluble. Much may be lost in cooking if water in which food is cooked is thrown out.

VITAMIN B₂ (Riboflavin)

- a. Necessary for growth, health skin, and eyes.
- b. Vitamin B₂ may be found in glandular meats, milk, cheese, eggs, veal, green leafy vegetables, salmon and enriched flour.
- c. Vitamin B₂ may be bleached out into the water when cooking, and may be destroyed by sunlight.

NIACIN

- a. Prevents pellagra (characterized by halitosis, diarrhea, emaciation, lack of appetite for food and water.)
- b. Found in glandular meats, muscle meat, poultry, fish and enriched flour.

VITAMIN C (Ascorbic acid)

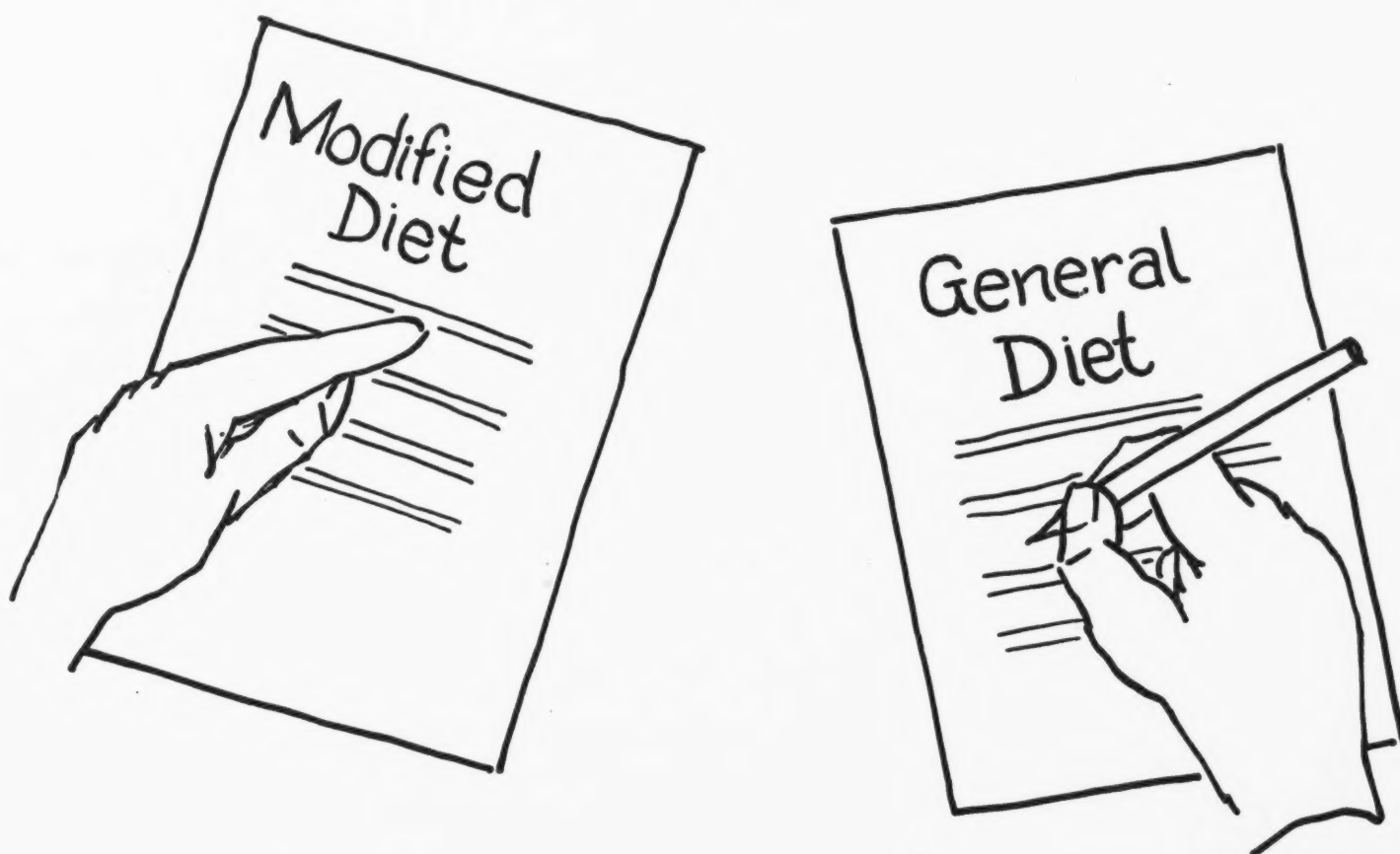
- a. Necessary to maintain healthy gums, blood vessels and body tissues and for metabolism of protein. Vitamin C is necessary to help prevent pressure sores and bruises.
- b. Good sources of Vitamin C are grapefruit, grapefruit juice, orange, orange juice, cantaloupe, raw strawberries, broccoli, brussel sprouts, green peppers, and sweet red peppers.
- c. Fair sources of Vitamin C are honeydew melon, lemon, tangerine or tangerine juice, watermelon, asparagus tips, raw cabbage, collards, cress, kale, mustard green, spinach, turnip greens, potatoes and sweet potatoes cooked in the jacket, tomatoes, and tomato juice.
- d. Vitamin C is water soluble and is destroyed by heat in presence of oxygen. Vitamin C cannot be stored and must be eaten every day.

VITAMIN D

- a. Necessary for calcium absorption and metabolism.
- b. Best sources are fish oils, fortified milk, butter and egg yolk.

Summary: Few foods contain only one nutrient. Some foods contain more of each than others. It is important to get the necessary nutrients from food when possible. Other known and unknown nutrients are necessary for health.

MODIFIED DIETS



The public health nurse and the home economist will determine if this portion of the lesson will be taught. A dietitian (member of the American Dietetic Association), or a registered professional nurse may teach modified diets.

The home health aide may have patients with heart disease, diabetes, digestive disorders or some condition for which the physician has prescribed a modified diet. The term modified is frequently used since the regular diet is a basis for planning the needs of a patient with special conditions.

Modified or therapeutic diets are used only as prescribed by the physician. The home health aide cannot prescribe diets any more than she can prescribe medicine. Only the doctor prescribes diets.

MEASURED DIETS

Measured diets are those in which a specific amount of various food groups are used. Measured diets are used for planning high and low fat, high and low protein, high and low carbohydrates, and a specific calorie diet. The measured calorie diet is used as a part of the treatment of the diabetic, overweight or underweight patient.

Since the exchange list is used in planning so many diets, it is desirable that the home health aide be acquainted with this method of planning diets.

Instead of duplicating all material for teaching this section, it is suggested that the instructor and each student have a copy of:

Meal Planning with Exchange List - American Diabetic Association.

American Dietetic Association - ADA Plan No. 1
ADA Plan No. 2
ADA Plan No. 3
ADA Plan No. 4

Your Food Plan - Paramount Press, Jacksonville, Florida

Suggested References:

Diet Manual, University of Oklahoma Medical Center, Oklahoma City, Oklahoma.
Oklahoma Diet Manual, Oklahoma State Health Department

Diabetes: Available at Oklahoma State Health Department, Oklahoma City, Okla.

Taking Care of Diabetes (Publication No. 567) available at Oklahoma State Health Department, Oklahoma City, Oklahoma.

LOW SODIUM

A sodium restricted diet and degree of restriction is determined by the doctor's order. These are usually called the mild restriction, moderate restriction (1000 mg. of sodium daily) and strict restriction, (500 mgs. of sodium daily).

Low sodium diets are frequently thought of as simply low salt. Salt is only one of the many compounds containing sodium (the symbol Na designates sodium). Some of the most common sodium compounds added to foods are:

- Salt (sodium chloride)
- Baking soda (bicarbonate of soda)
- Baking powder
- Monosodium glutamate
- Sodium cyclamate & sodium saccharin (often found on low-calorie drinks & desserts)
- Brine (salt & water) used in canning vegetables, making corned beef, pickles and kraut.

Follow food restrictions as given to you by doctor's orders.

On mild restricted diets do not use:

1. Breads and rolls with salt toppings, potato chips, pretzels, salted popcorn.
2. Salty or smoked meat (bacon, bologna, chipped or corned beef, frankfurters, ham, kosher meats, luncheon meats, salt pork, sausage, smoked tongue, etc.)
3. Salty or smoked fish (anchovies, caviar, salted and dried cod, herring, sardines, etc.)
4. Processed cheese (unless low sodium dietetic) cheese spreads, or any cheese such as roquefort, camembert and gorgonzola)
Peanut butter (unless low Na dietetic)
5. Salted nuts, olives, bacon and bacon fat, salt pork
6. Bouillon cubes, catsup, celery salt (except when used in cooking in place of regular salt), chili sauce, garlic salt (except in cooking in place of salt), horseradish (prepared with salt), meat extracts, meat sauces, meat tenderizers.
7. Monosodium glutamate, prepared mustard, olives, pickles, relishes, salt at table, soy sauce and worchester sauce.

On medium restricted diets a physician will give a restricted list.
Follow carefully.

On a strict sodium restriction the patient will usually be under hospital care.

Suggested References: Your Mild Sodium Restricted Diet
 Your 1000 Milligram Sodium Diet
 Your 500 Milligram Sodium Diet

- Oklahoma Heart Association, Oklahoma City, Oklahoma

TABLE 1

FOODS ALLOWED ON GENERAL
AND CONVALESCENT DIETS

Food Groups	General Diet Foods Allowed	Soft Diet Foods Allowed	Soft Diet Foods <u>Not</u> Allowed	Full Liquid Diet Foods Allowed
Vegetables Dark green leafy, yellow	All kinds	Cooked or canned young, tender, beet greens, spinach carrots, collars, kale, poke, pumpkin squash, tomato juice or puree	Coarse vegetables, mustard greens, turnip greens, raw vegetables except chopped lettuce. Strong flavored if not tolerated Tomatoes except juice or puree	
Vegetables Others	All	Chopped raw head lettuce. Cooked or canned asparagus tips, beans (only baby lima, green, yellow wax) beets, eggplant, English peas, mushrooms, summer squash	Broccoli Brussel sprouts, cabbage, cauliflower cucumbers, okra, onions, radishes, turnips, dry beans	
Potatoes & Exchanges	All	White potato, baked, boiled, mashed, creamed, escalloped, macaroni, noodles, rice, spaghetti	Skins of potatoes, corn, hominy, dried beans or peas, potato chips, sweet potatoes, any fried foods.	
Bread, Enriched	All	White, fine whole wheat, rye without seeds, white crackers, rusk, melba toast	All hot breads, coarse grain crackers, cornbread.	
Cereal, Enriched	All	Any cooked cereal Refined prepared cereal: corn flakes, grape nut flakes, puffed wheat, puffed rice, rice krispies	Prepared cereals, containing unre- fined bran.	Strained whole grain & refined cooked cereals, cream of rice, cream of wheat, hominy grits, malt-o-meal, strained oatmeal and strained pettyjohns.

TABLE 1
FOODS ALLOWED ON GENERAL
AND CONVALESCENT DIETS

Food Groups	General Diet Foods Allowed	Soft Diet Foods Allowed	Soft Diet Foods <u>Not</u> Allowed	Full Liquid Diet Foods Allowed
Soups	All	Broth, cream soup & other soup made from allowed meats & vegetables strained cream soup made from vege- tables not allowed	Any other	Broth. Strained cream soup & strained vege- table soup.
Sweets	All	Honey, jelly, sugar simple syrups, hard candy	Any other candy. Jam, marmalade	Sugar & hard candy in moderation
Desserts	All	Angel food, sponge & plain butter cake with simple frostings, plain cookies, custard, fruit whip, ice cream, pudding, gelatin, sherbet, tapioca, ices	Any desserts made with foods not allowed, e.g., nuts, pie & other pastries.	Boiled custards, gelatins, ices, ice cream, sherbet, pudding, such as corn- starch & tapioca All desserts should be plain with no solid fruits or nuts.
Beverages	All	Carbonated & cereal beverages. Coffee and tea	Alcohol	Carbonated & cereal beverages, coffee and tea.
Misc.	All	Gravy, cream sauce, cinnamon salt, lemon juice, nutmeg, vinegar, paprika, chocolate	Pepper, catsup, mustard	Cinnamon Nutmeg Salt

TABLE NO. 2
TYPICAL MENUS FOR CONVALESCENT DIETS

General*	Soft*	Full Liquids
<u>BREAKFAST</u>		
Stewed prunes or pineapple juice	Prune juice or pineapple juice	Prune juice or pineapple juice
Hominy grits or dry cereal	Hominy grits or dry cereal	Hominy grits
Scrambled egg or poached egg	Scrambled egg, poached egg, soft cooked egg	
Bacon		
Pecan gem		
Coffee, sank, hot tea, cocoa, lemon	Coffee, sank, hot tea, cocoa, lemon	Coffee, sank, hot tea
White toast, wheat toast, melba toast, jelly	White toast, wheat toast, melba toast, jelly	
Milk, skim milk, butter-milk, cream, butter, half and half for cereal.	Milk, skim milk, butter-milk, cream, butter, half and half for cereal.	Milk and/or cream
10:00 a. m.		Milk or fruit juice
<u>DINNER</u>		
Vegetable soup or lemonade	Strained vegetable soup or lemonade	Strained vegetable soup
Fried chicken or mushroom steak	Baked chicken or mushroom steak	Fruit juice
Mashed potatoes, buttered W.K. corn or broccoli spears with hollandaise sauce	Mashed potatoes Creamed English peas or frozen spinach.	
Molded rainbow salad, or head lettuce with blue cheese dressing	Molded rainbow salad or peach with raspberry jelly	
Ice cream or sponge cake	Ice cream or sponge cake	Ice cream or cup custard

*From Baptist Memorial Hospital, Oklahoma City, Oklahoma

General	Soft	Full Liquid
<u>DINNER (continued)</u>		
Coffee, sanko, hot tea, iced tea, cocoa, lemon	Coffee, sanko, hot tea, iced tea, cocoa, lemon	
Hot roll, white bread, wheat bread, rye bread, crackers, melba toast, Ry-krisp, jelly	White bread, wheat bread, rye bread, crackers, melba toast, Ry-krisp, jelly	
Milk, skim milk, butter- milk, cream, butter	Milk, skim milk, butter- milk, cream, butter	Milk
3:00 p. m.		Malted Milk
<u>SUPPER</u>		
Corn chowder or pear nectar Cream chipped beef on rusk or hamburger with relish. Baked potato	Strained chowder or pear nectar. Cream chipped beef on rusk or baked hamburger patty. Baked potato	Strained chowder and pear nectar
Buttered green beans or zucchini squash	Buttered green beans or battered carrots	
Sliced tomatoes or macaroni salad	Orange section with French dressing or fruited gelatin	
Apricot bavarian cream or coconut pudding	Apricot bavarian cream or vanilla pudding	Vanilla pudding
Coffee, sanko, hot tea, iced tea, cocoa, lemon	Coffee, sanko, hot tea, iced tea, cocoa, lemon	
White bread, wheat bread, rye bread, crackers, melba toast, Ry-krisp, jelly	White bread, wheat bread, rye bread, crackers, melba toast, Ry-krisp, jelly	
Milk, skim milk, butter- milk, cream, butter	Milk, skim buttermilk, cream, butter	Milk
BEDTIME		Milk or fruit juice

From Baptist Memorial Hospital, Oklahoma City, Oklahoma

FOOD PREPARATION

Even though most of the home health aides have been preparing meals for their own families, there are certain principles of food preparation that should be brought to the attention of the home health aide trainee. It is important that she be able to prepare simple meals using high food preparation standards. Preparation of breads, cakes and pastries have been omitted, as it is questionable if the time of a home health aide should be spent preparing these foods in the patient's home.

Protein Cookery

It is extremely important that the home health aide be able to prepare protein foods properly. Many patients (especially the elderly patients) have an inadequate protein intake. Many times this is due to their inability to chew meat or other protein food which has not been properly prepared. High cooking temperatures toughens protein and results in waste due to shrinkage. Eggs, meat, cheese, poultry, fish, milk and other protein foods must be cooked at low temperatures.



Less tender cuts of meat must be cooked in moist heat, as well as at low to moderate temperature (275 to 350 degrees F.)

Meat may be tenderized by slow low temperature cooking, pounding, grinding, and aging. Meat should be cut across the grain when slicing.

Pork must be cooked well done.

Eggs become tough and less flavorful if cooked at a high temperature. Eggs cooked in the shell should be simmered rather than boiled to make them more tender.

If custards are cooked at too high a temperature, they may curdle or become watery. Control the temperature by placing the pan of custard in a pan of hot water and cooking in a moderate oven. When hot mixtures are combined with beaten eggs they must be added very slowly to avoid cooking the egg mixtures. When the egg mixture is cooked, tiny particles of hard cooked eggs will be present in product.

If high heat is used in cheese cookery, the cheese will be tough and stringy.

Beverages

Even though correct beverage preparation procedures are simple, it is important to follow certain basic rules.

In making coffee it is important that the container be clean, that fresh water be used and that coffee does not boil. Coffee is best if not held for over 30 minutes. (If coffee must be held for a longer period, use a hotel and restaurant blend.)

In making tea, scald pot, put in tea, and pour freshly boiled water over it; cover and steep for one to three minutes. Strength desired should be regulated by the proportion of tea to water.

Hot beverages should be served hot and cold beverages cold.

Coffee and tea have no nutritive value. Milk and fruit juices are high in nutritive value.

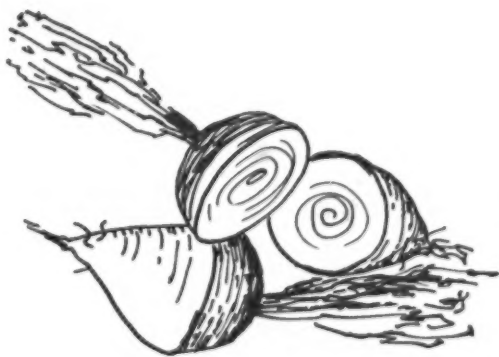
Salads

Salads should be used in the menu to add variety, nutrition and attractiveness to meals. Salads should be fresh, cold and attractive when served.

Vegetable Preparation

Vegetables should not be overcooked. Overcooking destroys vitamin C, makes the vegetables less palatable and less attractive. When vegetables are soaked for a long period, or are cooked in too much water, the nutrients (e.g., Vit. B and carbohydrates) remain in the water instead of in the vegetable.

Strong flavored vegetables should be cooked uncovered. To retain nutrients, they should be cooked quickly in a small amount of water. Green vegetables should be cooked quickly to preserve color.



MEAL SERVICE

It is important to pay close attention to the way food is served as well as to what food is served. Whether a meal is served in a dining area or at the patient's bedside, physical surroundings play a part in how well he eats. A quiet, neat, clean and attractive atmosphere improves the patient's appetite.



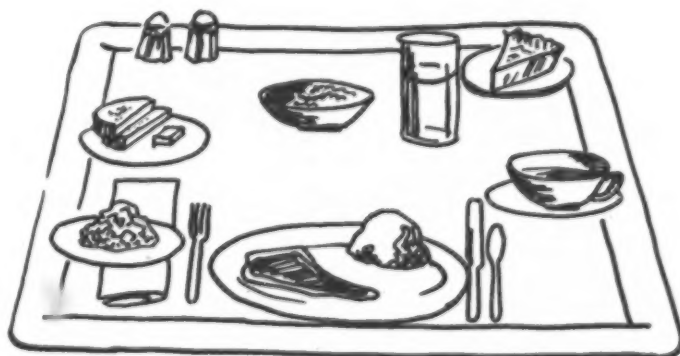
The patient should be prepared to receive his meal before it is served; his hands should be washed; he should be in position and the tray stand should be in place when the food is served.

The attitude of the personnel serving the food should be pleasant and positive. A clean and neat appearance and pleasant attitude promotes the patient's acceptance of the meal. If available, silver and dishes that are attractive, durable and easy to handle should be chosen. Dishes should be free from cracks, chips and stains. Side dishes should be used for serving juicy foods and salad-size plates should be used for salads. It is recognized that the aide will have to use what is available in the home.

Tray mats, tablecloths and napkins are important as they add much to the attractiveness of the meal. When appropriate to the meal, give the patient a knife, fork or spoon. A flower or some decoration may add to the attractiveness of the tray.

If possible, it is best to serve the patient in the dining room or dining area. The patient gets exercise coming and going to the dining area and eating with others usually improves the patient's morale and appetite.

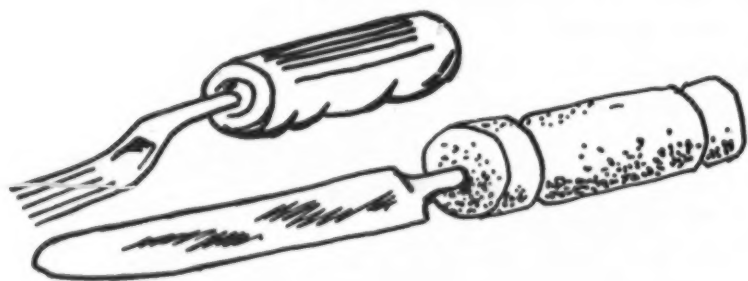
Hot food should be served hot and cold food cold. Color, neatness and garnish improves the appearance of the plate and tray. Servings should not be so large that they discourage the patient or so small that he does not get enough to eat. An average size serving of vegetables and fruit is one-half cup and an average serving of meat is 2-3 ozs. Patients may require frequent small feedings instead of the usual three meals a day.



Juicy foods should always be served in side dishes. When serving

liquids, soup or beverages, the container should not be filled so full it will spill.

Helping the patient to feel himself is part of his rehabilitation. The blind person should be told what is on his tray and the order in which it is arranged. It should be arranged in the same order each time. Suction cup underliners may be used to anchor the dishes. Flexible drinking straws may be needed by some patients. A raised rim on a plate may allow a handicapped patient to feed himself by pushing the food against the rim with his fork or spoon. Self help devices such as built up handles on silverware or a rocking knife may be helpful for some patients.



In feeding the patient, the aide should visualize what she would like if she were the patient. An attractive tray or table, the proper utensils, served in a pleasant atmosphere will do much to improve the appetite and hasten the convalescence of the patient.



FEEDING A PATIENT

Patients get the most good from food when they are relaxed, happy and comfortable. This is the same for the patient who can feed himself and those who must be fed. The aide should sit at his right, unless she is left handed while feeding the patient. She should try to make him feel that she has plenty of time to feed him and that she enjoys doing it. Serve small portions.

Get the Patient Ready for the Tray

1. 15-20 minutes before a meal offer the bed pan or urinal.
2. Wash the patient's hands or have him do it.
3. Clean his mouth and give him his dentures if needed.
4. Place him in a comfortable position with his head slightly forward and supported by a pillow. This makes swallowing easier. (Ask your supervising nurse if the patient may have the back rest raised.)
5. Put the bed table in place before you bring in the tray.

WASH YOUR HANDS

Carry tray at waist level.

Feeding the Patient

1. Place the napkin under patient's chin to protect the bedclothes and gown.
2. Cut the food into small pieces.
3. If patient can't see, give a colorful description of the foods on the tray.
4. Give small amounts as though feeding one's self: meat, vegetables and salad.
5. Give liquids between solid food. Use a paper, plastic or glass tube for fluids. A small teapot can be used.
6. Give water after drinking milk.
7. Feed the patient slowly.
8. Fill the fork or spoon no more than half full.

9. Encourage the patient to help himself if able. Let him hold bread, cup or glass.
10. Wipe his lips with the napkin when necessary or have him do it.
11. Fold the napkin when finished with the meal.
12. Remove the tray.
13. Wash the patient's face and hands if necessary.
14. Clean mouth.
15. Leave patient comfortable.



Record:

1. The amount of food eaten.
2. Note the appetite: good, fair, poor.
3. Any signs of discomfort such as nausea.
4. Comments about food likes or dislikes.

Dispose of food wastes.

Wash tray.

Wash the dishes.

1. Hot soapy water.
2. Rinse with boiling water.
3. Drain dry.

FOOD FOR THE PATIENT

A. Introduction

1. How does the meaning of food differ to different people?
2. What did the author of your handbook mean by the statement, "Food must meet the cultural needs of the patient"?
3. Give five illustrations of food habits that may influence the meal plan.
 - a.
 - b.
 - c.
 - d.
 - e.
4. How may the home health aide influence the food likes and dislikes of the patient.
5. Discuss briefly how the income of the patient, past and present, could influence the individual's choice of foods.

B. Normal Nutritional Needs

1. Fill in the following blanks.

The basic four is made up of the following food groups:

a. _____ which includes

b. _____ which includes

c. _____ which includes

d. _____ which includes

2. _____ servings a day should be selected from the meat group.

3. The recommended daily allowance of fruits and vegetables is _____ servings or more per day.

4. Milk is essential in the diet because of the _____, _____, and _____ in milk.

5. The bread and cereal group is important in the diet because

6. _____ and _____ supply the energy for the body.

7. _____ build and repair tissues in the body. If all _____ is not used for building and repair, it may be converted to _____.

8. A protein which has all the building blocks (amino acids) necessary for health is called _____ protein.

9. Proteins from vegetable sources are called _____ protein.
10. Calcium is used in the body to _____
_____.
11. Vitamin _____ is called the anti-infection vitamin.
12. Vitamin _____ is found in dark _____ and dark _____
fruits and vegetables.
13. Vitamin _____ is necessary to maintain appetite, retain muscle tone
and healthy mental attitude.
14. Vitamin _____ and vitamin _____ may be lost in water if food
is soaked or cooked in too much water.
15. Vitamin C is also called _____ acid.
16. Vitamin C is necessary in the body to _____,
_____ and _____.
17. Five good sources of vitamin C are _____,
_____, _____ and _____.
18. Five fair sources of Vitamin C are _____,
_____, _____ and _____.
19. One serving of orange juice contains _____ times as
much vitamin C as one serving of tomato juice.
20. The recommended allowance of vitamin A is fulfilled by eating one
serving dark yellow or dark green fruits or vegetables _____
times a week.
21. Vit. _____ is destroyed by heat in the presence of oxygen.
22. Vit. _____ cannot be stored and should be eaten every day.

C. Modified Diet

1. A modified diet is _____
_____.

2. A diet in which specific amounts of various food groups are used is called a _____ diet.
3. Measured diets may be used for _____, _____, _____ and _____.
4. The letters A.D.A. on the meal plans are the abbreviation for _____.
5. The letters Na refer to the amount of _____ present.
6. Read carefully the following statements and mark them true or false.
 - a. A person on a low sodium diet should not take bicarbonate of soda. True False
 - b. A person on a low sodium diet should read the label of diet colas to be certain they do not contain sodium saccharin. True False
 - c. Bouillon cubes may be used freely on a low salt diet. True False
 - d. Processed cheese may be used frequently on low sodium diets. True False
 - e. Bacon and bologna should not be used on low sodium diets. True False
 - f. It is usually advisable for a patient to be in the hospital when he is on a strict (500 mg. or less) low sodium diet. True False.

E. Convalescent diets.

Read carefully the following statements and mark out the words which would make the statement incorrect.

1. Fried foods (are) (are not) allowed on a soft diet.
2. Raw eggs (should be) (should not be) used in egg-nogs.
3. Tender beef, fish and poultry (are allowed) (are not allowed) on a soft diet.
4. Raw pineapple (is allowed) (is not allowed) on a soft diet.
5. Custards (may be) (may not be) used on a full liquid diet.

6. Mustard and turnip greens (may be) (may not be) on a full liquid diet.
7. Pepper (may be) (may not be) used on a soft diet.
8. Nuts (are) (are not) allowed on a general diet.
9. Canned peaches (may be)(may not be) used on a soft diet.
10. Pork (is) (is not) allowed on a soft diet.

F. Food Preparation

1. High cooking temperatures _____ protein.
2. Less tender cuts of meat should be cooked in _____ heat.
3. If cheese is cooked at a high temperature, it _____.
4. Pork must be cooked _____.
5. Eggs cooked in the shell should be _____ rather than boiled.
6. If custards are cooked at too high a temperature, they may curdle or become watery.
7. Coffee should not be held over _____ minutes for maximum flavor.
8. Overcooking vegetables destroys the vitamin _____.
9. When vegetables are cooked in too much water, vitamin _____ is lost.
10. Strong flavored vegetables should be cooked _____.

G. Meal Service

Mark the following statements true or false.

- | | | |
|--|------|-------|
| 1. Physical surroundings play a part in how the patient eats his food. | True | False |
| 2. The patient should have his hands washed immediately after the tray arrives. | True | False |
| 3. Old chipped dishes should be used for most patients, as there is much danger of breakage. | True | False |
| 4. All of the food should be put on one plate, if possible, to avoid a cluttered tray and to save dishwashing. | True | False |

5. It is best to serve the patient in his room,
whenever possible.

True False

6. Old folks do not notice if the food is hot
or cold.

True False

7. Special eating utensils may assist many
handicapped patients.

True False

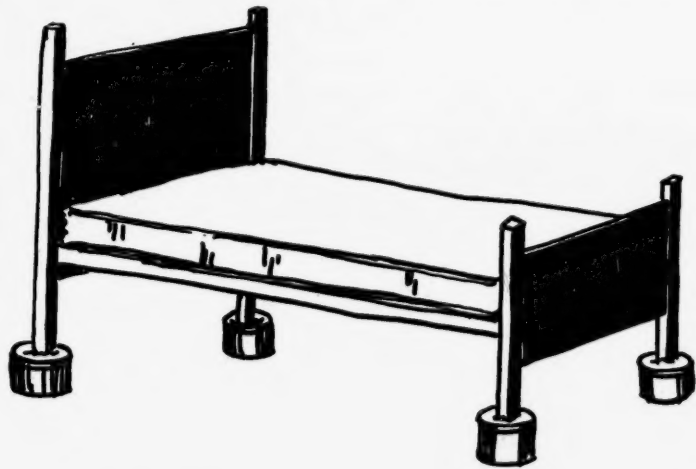
FEEDING THE PATIENT

1. The purpose of feeding a helpless patient is (1) _____,
(a) _____ (3) _____.
2. Patients get the best results from their food when they are _____,
_____, and _____.
3. The following should be done in serving food to a sick person.
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
4. The patient's tray should be carried at _____.
5. After a meal, record the following on the patient's chart:
 - a.
 - b.
 - c.
 - d.

UNIT V
BASIC NURSING SKILLS

SICKROOM EQUIPMENT

The bed should fit the patient. If she is able to get in and out of bed by herself, it should be the standard bedroom height. If she requires considerable nursing care, a hospital type bed may be rented from a hospital supply company. The low bed can be raised by removing the casters and the legs placed on concrete blocks of the same height or you may fill four, one-gallon cans half full of sand, drop cut-off top on sand and place leg with caster in each can. Two mattresses instead of one may be used. There should be two feet or more of space between the wall and the side of the bed to make nursing care easier.

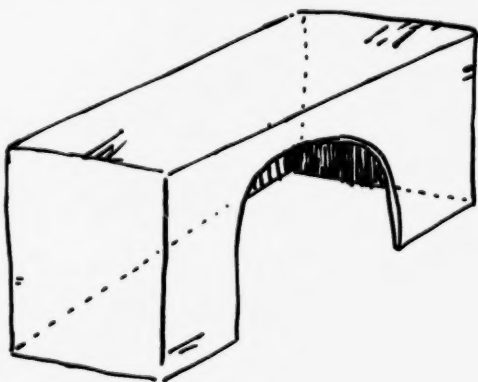


The mattress should be firm and the springs non-sagging. A bed-board can be placed over the springs to provide a firm bed.

Certain sickroom equipment which adds to the patient's comfort is as follows:

1. Back rest may be a padded card table, chair back or a cardboard box.

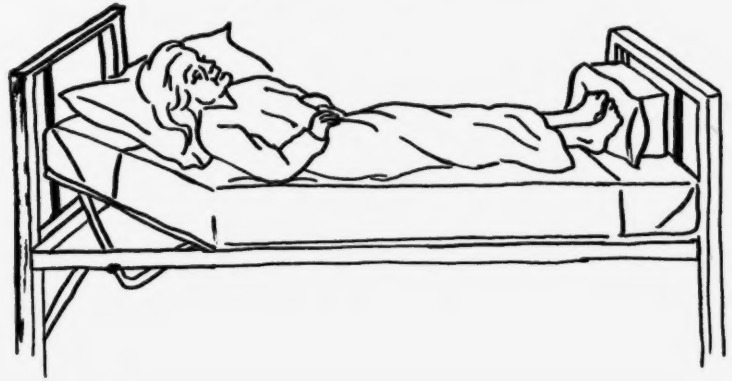
2. Bed cradle to keep bed clothes from pressing on the toes may be a cardboard box cut to fit over the patient's feet, or a piece of plywood placed between the mattress and the foot of the bed.



3. A bedside commode is more comfortable and provides a more natural position than a bedpan.
4. A bedpan - may be purchased or borrowed.
5. Bed table may be purchased or made from a cardboard box.
6. Foam rubber pads prevent pressure on bony prominences such as hip, ankle, shoulder blade and coccyx (tail bone) and are more

satisfactory than cotton doughnuts and rubber rings.

7. Signaling device may be a hand bell or a small can (baking powder) with coarse gravel in it.
8. A firm heavy foot stool is needed when a high bed is used.
9. A footrest to support the soles of the feet should be at least two inches higher than the toes. It may be a firm pillow folded against the feet, or a box that fits between the feet and the footboard of the bed.
10. A urinal may be bought or borrowed.



UNIT V - BASIC NURSING SKILLS

Sickroom Equipment:

The bed should fit the patient.

1. If able to get in and out of it by herself it should be _____
_____.
2. If nursing care is required, _____ is needed.
3. The low bed can be raised by:
 - a. _____
 - b. _____
 - c. _____
4. _____ between the wall and bed to
make nursing care easier.
5. The mattress should be _____.
6. _____ can be used to provide a firm bed.
7. A bedside _____ provides a more natural position than
a bed pan for patient who can't go to bathroom.
8. _____ prevent pressure on bony prominences.
9. A footrest to support the soles of the feet should be _____.
10. A bed cradle to keep bed clothes from pressing on the toes _____
_____.

PREVENTION OF DISABILITIES

For the Aide:

The home health aide needs to practice good body mechanics (movement) to avoid back trouble and fatigue. She should keep her back straight and flex hips and knees when bending or stooping.

She should stand close to the patient with feet apart, one foot in front of the other when it is necessary to lift or move a patient.

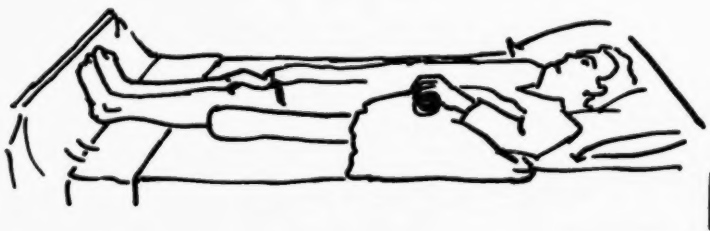
The aide will be less tired at the end of the day if she wears comfortable shoes that provide good support.

She should maintain good posture at work by pulling lower abdomen in and up; keep the back flat, head up and chin in. This helps put the weight bearing parts of the body in good position (alignment).



For the Patient:

1. Keep the body in normal position to avoid contractures at the heels, hips or knees. Correct posture on a firm surface helps to prevent contractures (shortening causing deformity).
2. Place the feet against a footboard, firm pillow or a box to prevent foot drop.



3. Place a small pillow under the head to give support without pushing the head forward. When a large pillow is used place it under the shoulders with feathers pushed toward the head. This keeps the chin up.
4. Avoid tight bed clothes over the feet. Use a cradle or a foot board to raise the covers off the feet.
5. Use a small pad under the knees to support the knee joint. A large pillow or pad interferes with circulation and may cause a contracture.

6. Place a sandbag or rolled blanket against the hip to keep it from rolling outward.
7. Place a rolled towel or cloth in a paralyzed hand so that thumb and first finger touch and other fingers are extended.
8. Place pillows under the forearms when the patient is sitting up in bed.
9. Provide a chair that fits the patient so there is no shortening nor lengthening of hip muscles, no pressure under knees and feet are flat on the floor.
10. Change the patient's position often in bed or chair for comfort and to prevent pressure sores and deformities.

Prevention of Disabilities:

1. The home health aide needs to _____
to avoid back trouble and fatigue.
2. She should _____,
when bending or stooping.
3. She should maintain good posture at all times by pulling _____;
keeping _____, _____ and _____.
4. She should stand _____,
when lifting or moving a patient.

For the Patient:

1. Place the feet against _____, _____, or
_____ to prevent _____.
2. Place a sandbag or rolled blanket against the hip to keep it
_____.
3. Place a rolled towel in paralyzed hand so that _____
and _____.
4. Place _____ when patient is sitting up.
5. Change patient's position often in bed or chair to _____
and _____.

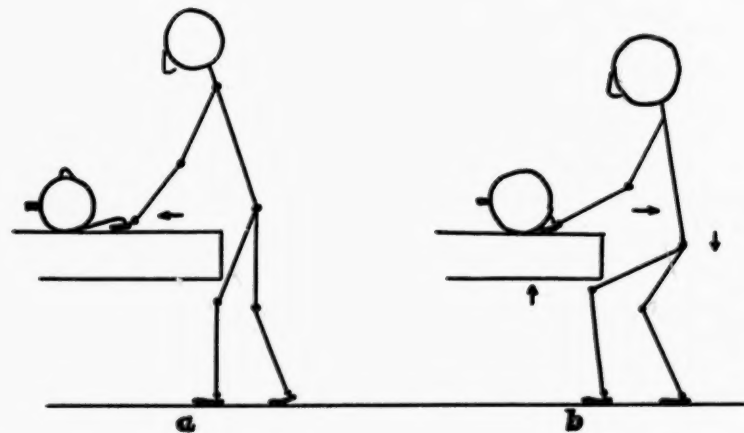
MOVING THE PATIENT IN BED

In order to let the patient help as much as he can, the aide should tell what is going to be done and should arrange a signal so both can move at the same time.

The patient should be helped only when unable to move by himself. (See nursing care plan that nurse makes.)

To move a patient to side of bed:

1. Aide places her hands, palms up, under pillow and patient's shoulders. On signal she pulls patient's head and shoulders toward near side of bed.
2. Places hands, palms up, under the patient's hips and thighs, bends own hips and knees, tightens abdomen (stomach) and hip muscles and on signal, pulls the patient toward her.
3. Makes sure patient is not too near edge of bed.
4. Brings patient's legs in line with his body.
5. Leaves him comfortable.



To help patient sit up:

1. Turns patient toward her.
2. Stands close to bed with one foot forward.
3. Places one hand under patient's neck, the other hand over and under both knees.
4. Braces forward leg against the bed (does not bend at waist) tightens abdominal and hip muscles.
5. On signal, pivots (turns) the patient to a sitting position and swings his legs over the side of the bed.
6. Has patient support self by placing hands palm down on the bed.

To help patient lie down:

1. Places one arm around patient's shoulders, the other under both knees.
2. On signal, lifts both legs as she pivots patient's hips.
3. Supports patient's head as she lowers it to the pillow. Have patient help himself as much as he can.
4. Leave him in a comfortable position.

To move up and down in bed:

1. The aide helps or has the patient come to a sitting position with knees flexed. (bent)
2. Has him support himself by placing his hands behind him on the bed, and keeping his arms as straight as is comfortable.
3. The aide places one hand low on the patient's back; the other palm up under his thighs. On signal she helps him move backward as he pushes with his heels.
4. To move toward the foot of the bed the above is repeated except that the patient pushes with his hands as he moved downward.



To move a small patient up in bed:

1. Remove pillows.
2. Have patient's knees bent and feet firm on bed.
3. If able, have him hold the headboard.
4. Run one arm under his shoulders and the other under his hips.
5. Ask him to push with his feet and pull with his arms as you lift him.
6. Lift slowly to avoid bumping the head of the bed.

Note: Two people are needed to move a heavy patient up in bed.

Procedures When the Patient is Helpless:

A drawsheet can be used as a lift sheet to move a helpless patient from side to side or up and down in bed. Fold the drawsheet in half or a full size sheet in half and then in half again, with the fold at the top and one side. The lift sheet should extend from thighs to the shoulders. The procedures described below should not be done without assistance except when the patient is being turned.

Moving up and down in bed:

1. Have the patient on his back, on lift sheet.
2. Gather the lift sheet into a roll on either side of the patient so it can be grasped easily.
3. Face the head of the bed with one foot forward when moving the patient up in bed with feet pointing in the direction toward which the patient is to be moved.
4. Grasp the rolled sheet firmly at the patient's shoulders and hips.
5. Pull toward the head of the bed on signal.
6. To move the patient toward the foot of the bed, stand facing the foot of the bed. Grasp the rolled sheet firmly near the patient's thighs and waist and pull toward the foot of the bed.

Turning onto the side: For safety, a patient should be turned toward aide.

1. Move the patient to the near side of the bed.
2. Go to opposite side of bed.
3. Free the covers, have or help the patient flex his far knee for ease in turning.
4. Cross the patient's arms over his chest.
5. Face the side of the bed with hips and the knees bent and one foot forward for balance. Stand close to bed.
6. Place one hand on the patient's shoulder, heel of the hand down, with fingers flat. Place the other hand in the same position on his hip.
7. Roll him toward you on signal, maintaining the grasp on his hip and his shoulder for security.
8. Bring the hand from his hip to his shoulder to maintain support, slip the free hand under his lower shoulder to adjust his position for comfort and for security.

9. Shift hands again and pull his underneath hip into position for comfort, good body alignment and security.
10. Support his ankle and his knee joints from beneath and lift his uppermost leg forward so that it does not rest on his lower leg.
11. Straighten his lower leg in a comfortable position.
12. Rest upper leg on pillow placed between legs.
13. Push a pillow rolled lengthwise firmly against the back for support.
14. Fit the corner of the pillow snugly into space between shoulder and chin.
15. Straighten covers.

Turning to the back from a side-lying position:

1. Free the covers and remove any pillows or other support.
2. Stand at the patient's back, facing the side of the bed, with one foot forward.
3. Place the patient's knees and ankles together in a flexed position, supporting the joints from beneath.
4. Place one hand on his near hip and the other hand on his shoulder, palms down, and roll him onto his back.
5. Adjust his position for proper bed posture and straighten the covers.

Moving the Patient in Bed:

1. The patient should be helped only _____.
2. When moving a patient to the side of the bed, the home health aide _____ and _____, _____ and _____ and pulls patient toward her.
3. Makes sure patient _____.
4. A lift sheet should extend from _____.
5. Face _____ with one foot forward when moving a patient up in bed.
6. Feet should point _____ toward which patient is to be moved.
7. For safety, a patient should be _____.

USE OF THE WHEELCHAIR

There are several kinds of wheelchairs on the market. The selection of the right one for the patient is most important. It should be prescribed by the doctor to fit the patient. His comfort must be the first consideration.

The chair must pass through all the doors easily. The tires, brakes, and adjustable parts must be in good working condition.

The use of the wheelchair gives the patient more freedom. He can move or be moved from his bedroom to other parts of the home; can be out of doors, can, with a collapsible chair, travel.

To Get a Patient Out of Bed

The patient's size and physical condition are factors which determine if more than one person is needed to get him in and out of the wheelchair.

The bed must be stable to prevent its moving when the patient gets in or out of bed.

Dress the patient. Encourage him to do as much as he can.

Place the wheelchair at a right angle to the bed, facing the head.

Block wheels with brakes.

Drop the leg rests and raise the foot pieces.

Assist the patient to a sitting position on the side of the bed.

Stand directly in front of the patient, advance one foot - legs apart for a firm base.

Support the patient firmly under the arms. His hands on the home health aide's shoulders or hips if aide is tall.

Slide the patient off the bed to his feet.

Side step to the chair.

Support the patient as he turns so that the back of his legs are close to the chair.



Have the patient place his hands on the arms of the wheelchair to support himself. Move with him as he eases into the chair with hips all the way back in the seat. Aide must bend from waist, tighten hip and gluteal muscles and flex her knees as she moves with patient.

Arrange the leg rests and foot pieces for comfort.

Place pillows at the back as needed.

Move the patient from the bedroom.

Remember while the patient is in the chair, his position must be changed from time to time to prevent tiring and cramping.

The leg rests should be raised if the feet and ankles swell.

Note: Chart that patient is up in chair and state if feet and ankles swell.

To Get A Patient Back to Bed

Bring the wheelchair to the foot of the bed as before.

Lock the wheels.

Lower the leg rests and put the foot pieces out of the way.

Stand in front of the patient with one foot placed behind the other.

Place hands under his arms, flex your knee, shift weight on to the back foot as he is drawn forward and upward to a standing position.

Pivot him so that his buttocks are against the side of the bed.

Place one arm around his shoulders, the other under his knees, and assist him into a sitting position on the bed.

Make him comfortable in the bed.

Activities of Daily Living

The most important training of a helpless patient is to learn how to live day by day and to do those things he used to do daily before getting sick.

First, physical deformities must be prevented or corrected when possible. The patient must want to learn again and do for himself the things he did daily. He must want to change from helplessness and complete dependence on others to almost normal usefulness.

The aide can help by encouraging the patient to move about and to exercise. This is done by self-care activities such as dressing and undressing, moving from a bed to wheelchair, or from a wheelchair to toilet seat, bathing, combing the hair, brushing the teeth and feeding himself.

If the patient cannot speak well because of a stroke, he may be able to write notes. Because he cannot speak does not mean he cannot hear or understand. The environment should be quiet and cheerful. "Slow and easy" is a good motto to remember.

Remotivation

Remotivation is a method used by the nurse and aide, that prompts a patient to take fresh interest in his surroundings. At the same time remotivation encourages the aide to take a more personal interest in her patients.

The method used in remotivation sessions in hospitals and nursing homes is based on several patients taking part. In the home, with one patient, the aide encourages the patient to carry on a conversation with him about TV programs, gardening, flowers, farming, fishing or whatever is of interest to him or will draw him out. The aide may plan to bring something of interest with her when she makes her home visit.

This simple technique (method) has produced amazing results in nursing homes and hospitals.

REHABILITATION OF THE MENTALLY ILL PATIENT

Among the patients who require home care may be those who are returning home from the hospital after having had a mental illness. These patients require a period of recovery just as the patient with a physical condition. The same patient may have both physical and mental illness.

The trend today in the care of the mentally ill is to get them out of the institution as quickly as possible. Institutional care may hamper their recovery after the symptoms have been brought under control with the new medications and methods of treatment. The patient may continue to receive treatment on an out-patient basis at a clinic or in the physician's office.

In caring for these patients it is important for the home health aide to have their good will. She needs to have a warm friendly manner, to be tactful and polite and be a good listener.

One very important aspect of after-care of the mentally ill patient is the attitude of the people about him. The aide, the family and the community need to understand the nature of mental illness and consider it in the same light as they do any type of illness. The patient should not be treated "differently." This patient has the same needs that all others have -- physical needs, the need to be loved and respected, the desire to be a useful member of society. The difference between mental illness and mental health is a matter of degree. No one is completely well and completely ill. In the care of this patient and in helping his family, the goal of the aide is to accept the patient as he is and help his family to do the same. At the same time the patient is made aware that he is expected to accept his own responsibility for moving toward rehabilitation.

BED MAKING

Comfort is important for the patient in bed. Be sure that the bed, pad, sheet, and draw sheets are smooth and the sheets are pulled tight and tucked under the mattress as far as they can be tucked. Wrinkles may cause bed sores.

Don't shake linens in the room; this spreads dust and germs.

Don't put soiled linens on the floor. If you don't have a laundry bag (a clean carton from the grocery can be used) put them in a pillow case placed on a chair.

Complete as many steps as you can on one side of the bed before going to the other side.

Turn mattress weekly from head to foot to prevent unevenness.



Purpose: To make a tight, smooth, comfortable bed for the patient.

Things needed:

Mattress pad
Spread
Pillow cases

Two sheets to fit bed size
Blankets as needed

Rubber/Plastic draw
sheet - 1 draw sheet
(large sheet can be
doubled)

Procedure

Key Points

Bring all equipment to bedside.

1. Place mattress pad smoothly on bed.

2. Lay bottom sheet right side up with center of sheet on center of bed-lower hem even with lower end of mattress.

2. Keep sheet from wrinkling.

3. Stand facing the head of the bed and tuck the sheet well under top of the mattress

4. Make a straight corner by catching the edge of the sheet which hangs from the end of the mattress and bring it up along the top edge of the mattress at the side.

5. Tuck in the loose hanging part at the head with your other hand towards center of bed, then bring the straight fold down and tuck under as far as it will go.

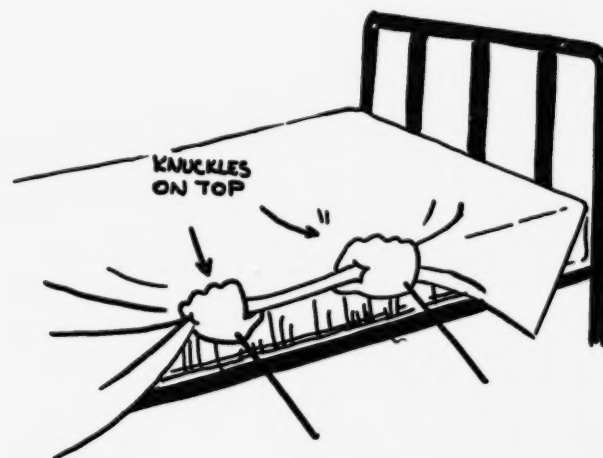
6. Tuck the sheet under the mattress along side.

3. Pull the hem toward you, tuck 18 inches under at head of bed.

4. Holds the sheet firmer at the head.

5. Anchor the sheet. Tuck toward center of bed.

6. Pull toward the foot of the bed as you tuck in far as sheet will go



7. Spread the rubber or plastic sheet across the bed so that sheet hangs evenly on both sides.

8. Place the cotton drawsheet the same way.

9. Tuck both sheets under the mattress.

10. Lay second long sheet with its big hem at top edge of mattress.

11. Make box pleat at the foot in the center of bed.

12. Put blanket on bed, edge about 6 inches from top of mattress. Make box pleat at foot.

7. Top edge of draw sheet should be about 18 inches from the head of the bed.

8. Edge should be about 4 inches higher than rubber sheet. Place fold at top if drawsheets is doubled.

9. Far as they will go.

10. Wrong side up. Center fold in center of bed.

11. Gives "toe room".

12. Center fold in center of bed; to cover shoulders.

13. Tuck sheet and blanket under at foot and make mitered corner.
14. Put spread on bed. Make mitered corner at foot.
15. Go to opposite side of bed.
16. Lay spread, blanket, top sheet and drawsheets back out of your way.
17. Finish bottom sheet as before.
18. Drop draw sheets to side and tuck under mattress, together.
19. Complete bed making.
20. Turn top edge of spread under blanket.
21. Turn sheet down over spread and blanket.
22. Put case on pillow.
23. Place pillow on bed.
14. Center fold in center of bed, edge at head of mattress.
17. Pull hem towards you until taut. Pull sheet tight before tucking under mattress. Free of wrinkles.
18. Center first, then top and bottom; free of wrinkles. Tight.
19. Lift spread at foot before mitering the corner to give more "toe room".
21. Protect blanket.
22. Hold pillow away from face and clothing as you put on case. Fit corner of pillow snugly into corner of case.
23. Seam edge of case at head of bed. Open end of case away from door.

To Make the Patient's Bed Each Day

Making a bed is something which most people are accustomed to doing. It is good activity for the patient to make his own bed if the doctor allows it. Some patients will be able to make their beds with help from you. Others will not have the strength, and you will have to do it for them. While you are making the bed or helping the patient to make it, is a good time to talk with him and get to know him.

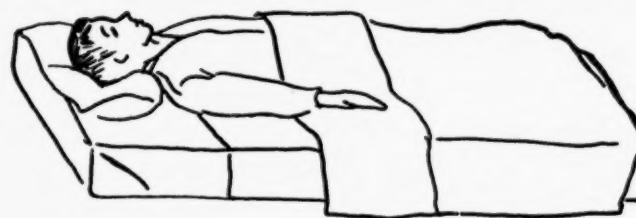
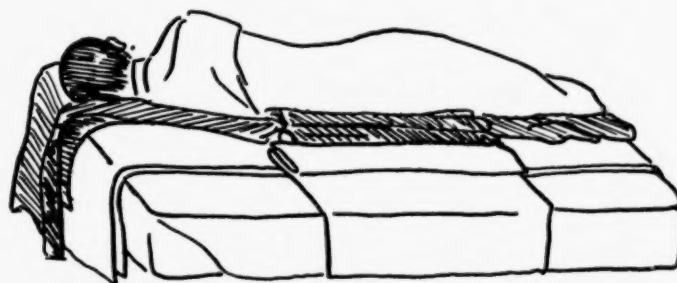
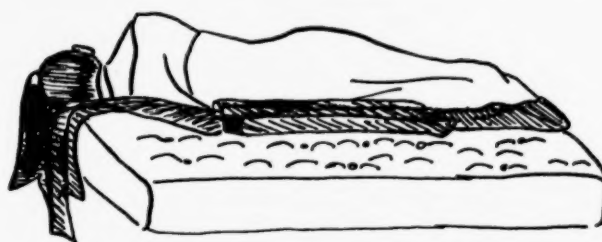
MAKING OCCUPIED BED

Procedure

1. Loosen sheets from under mattress.
2. Turn patient toward you.
3. Go to other side, loosen sheets.

Key Points

1. Take care not to ear sheets on bed springs.
2. As near to the edge as can be done safely.
3. Do not tear.



4. Roll muslin draw-sheet close to patient's back.
5. Lay rubber/plastic drawsheet over back.
6. Pull wrinkles from mattress pad.

7. If clean sheet is to be used, roll soiled sheet close to back.
8. Place fresh sheet on bed, lower edge even with edge of mattress.
9. Fan fold opposite half of sheet and push it against the patient.
10. Tuck clean sheet under the mattress at head.
11. Make corner
12. Tuck sheet under all along side of bed.
13. Bring rubber sheet toward you and tuck under mattress.
14. Place cotton drawsheet on bed.
15. Fan fold opposite half of draw sheet and push it against the patient.
16. Tuck draw sheet under mattress
17. Turn patient toward you over rolled sheets.
18. Go to other side of bed and pull sheets through.
19. Roll as you remove soiled bottom sheet and draw sheet
20. Turn patient on back.
21. Adjust bottom sheet. Tuck under at head; make corner
22. Tuck in along side.
23. Straighten rubber and cotton draw sheets. Pull right and tuck under mattress.
8. Center it lengthwise, lower edge even with edge of mattress. Rough side of hem down, wide hem at top of bed. Leave 18 inches to fold under head of mattress.
9. Under the soiled sheet.
10. As far toward the opposite side as you can reach easily without lifting the mattress higher than needed.
11. As in unoccupied bed.
12. As far as it will go.
13. Pull smooth.
14. Upper edge should come under pillow, rubber sheet covered entirely.
15. Under the soiled draw sheet.
17. Lift edge of blanket slightly so that he does not lie on it.
19. Keep soiled sheets away from your clothing.
20. Distributes weight more evenly.
21. Pull hem towards you until taut.
22. Pull sheet toward foot--tight and smooth.
23. Center first, then top and bottom.

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| 24. Put on pillow case. | 24. Pillow should not touch your clothing. |
| 25. Lift head and place pillow under it. | |
| 26. Place top sheet over bath blanket. | 26. Wrong side up, hem turned down about 8 inches. |
| 27. Pull bath blanket out. | 27. At foot of bed; have patient hold sheet. |
| 28. Make box pleat in sheet. | 28. For toe room. |
| 29. Place blanket over sheet if needed. | 29. Shoulder high. |
| 30. Make box pleat in blanket. | 30. Toe room. |
| 31. Tuck sheet and blanket under end of mattress and miter corner. | 31. Do not tuck in sides. |
| 32. Put on spread. Turn top edge under edge of blanket. | 32. To protect blanket. |
| 33. Turn sheet down over spread. | 33. Protects spread. |
| 34. Comb hair. | 34. Towel over pillow. Patient combs hair if able. |
| 35. Remove towel. | |
| 36. Clean comb and brush and put away. | |
| 37. Tidy bedside table and room | |
| 38. Air room. | |
| 39. Remove soiled linens. | |

Bed Making:

1. Don't _____ in the room, this spreads _____.
2. Don't put soiled linens _____.
3. Purpose is to _____ bed for the patient.
4. Hold pillow away _____ as you put on the pillow case.
5. Bottom sheet should be _____.
6. Draw sheets should be _____.
7. Make _____ in top sheet and blanket for
"toe room".

CARE OF PATIENT'S HANDS AND FEET

Wash the patient's hands before meals, after a bowel movement or voiding and at other times as needed. Dry thoroughly.

Use lotion or oil on nails and skin daily.

Nails should be cleaned each day with an orange wood stick or flat tooth pick.

Push cuticle back with towel after hands are washed.

Nails should be kept short to prevent scratching self. File with emery board or cut with scissors. Do not use metal fingernail file for diabetic patient.

People with diabetes must take special care of their feet as they are likely to develop foot trouble. Diabetes may cause the blood vessels to narrow and cut down the supply of blood to the feet. Round garters and tight shoes also cut down the amount of blood to the feet. Any blueness of the toes must be reported to the supervising nurse at once.

The feet should be washed daily in luke warm water. Use milk soap. Dry with a soft towel with special attention to the skin between the toes. Remove corns and calluses by soaking the feet in warm soapy water until they are soft enough to rub off with a towel. Do not cut or trim corns and callouses nor use corn removers.

The diabetic should use bed socks at night if feet are cold. Do not use hot water bottles or electric heating pads.

Be sure shoes fit. Break in new shoes gradually. The diabetic should not walk nor stand on bare feet.

Ask supervising nurse about cutting toe nails of a diabetic.

BATHS

The patient should have full baths once a week in winter, twice a week in summer for "up" patients unless they want more. Bed patients and the "up" patients not able to care for themselves, should have a partial bath daily, that is, face, hands, back and genital areas.

Incontinent patients must be sponged each time they soil themselves. Use soap sparingly.

Pat skin dry. Use soft towels and wash cloths. Dry folds well, also between fingers and toes.

Powder folds of skin lightly. Browned flour tied in thin soft cloth is good to powder chafed skin.

A bed bath is given when the patient is unable to take a shower or to get into the tub. Even though the patient can bathe himself in bed, he may need you to wash his back and feet.

Bathing gives the patient a certain amount of exercise. Let him do as much as he can for himself. Have him move his arms, one at a time, as far as he can in each direction up above the shoulders, out to the side, and back to the body. Have him do the same with his legs; move them, one at a time, as much as he can - up toward the stomach, out to the side, and back to the body.

Remember that the morning bath is the time when other personal things are taken care of: Brushing the teeth, combing the hair, and cleaning the nails. Encourage the patient to take an interest in his appearance and to do these things for himself.

The skin of older people is usually dry. Care must be taken not to cause further drying. Too much soap and too frequent washing cause dryness. Rubbing lotion on the arms, hands and back will help the skin stay moist.

The feet and toenails of older people need special care. Often the nails become thick and the soles of the feet become thick and dry. Bathing and soaking the feet in mild soapy water everyday is the best way to keep them clean. It also relaxes a tired patient or one who is learning to walk again.

If the soles of the feet are dry and thick, place a covered rubber sheet under them and put oil or lanolin on them.

BED BATH

When a patient is unable to take a tub or shower bath, the bath is given in bed. Let the patient do as much of the bath as possible as this gives a certain amount of exercise.

Mutton or beef tallow to which a little perfume has been added, baby oil or mineral oil can be rubbed on dry skin to soften it. Rubbing alcohol, unless added to an oil dries the skin and should not be used, unless ordered by the doctor. Prepared lotions may not provide enough lubrication for dry skin.

Purpose of the Bath:

To relax and refresh the patient.

To remove waste from the skin.

To stimulate circulation.

To provide exercise.

Take to Bedside:

Wash basin or foot tub 2/3 full of hot water.

Milk soap in soap dish.

Nail file, orange stick or flat tooth pick.

Two washcloths.

Two bath towels.

Bath blanket.

Clean gown.

Rubbing lotion.

Comb and brush.

Linens needed for bed.

Get Ready

Wash your hands - put on apron.

Protect bedside table or chair with newspaper or plastic cover.

Bring patient to near side of bed and help clean mouth and teeth.

Remove spread and blanket, fold and lay over chair.

Place bath blanket over top sheet. Remove and fold sheet if it is to be used again.

Close windows if necessary.

Remove gown.

Remove pillows unless patient is uncomfortable without them.

Palm washcloth by wrapping around fingers and tucking ends in when washing patient.

KEEP SOAP OUT OF PAN OF WATER AT ALL TIMES.

1. Spread towel under chin.
2. Wash and dry face, neck and ears.
3. Uncover one arm. Place towel under it lengthwise. Bathe and dry arm and axilla.

1. To keep blanket dry.
2. No soap.
3. Support arm while washing it.

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| 4. Place basin on towel | 4. Secure against patient's side. |
| 5. Wash and rinse hand. | 5. In basin-refreshes patient. |
| 6. Dry hand. | 6. Between fingers. |
| 7. Cover arm. | 7. Prevents chilling. |
| 8. Bathe and dry other arm and hand. | 8. From same side of bed in same way. |
| 9. Bathe chest. Dry and cover with bath towel. | 9. Fold blanket to abdomen--protect with towel. Observe skin, pat skin folds dry. |
| 10. Bathe and dry abdomen. | 10. Fold blanket to hips, protect with towel. |
| 11. Bring blanket to chin. | 11. Prevents chilling. |
| 12. Wash and dry each thigh and leg. | 12. Protect bed with bath towel as thigh and leg are washed. Observe skin for reddened areas. |
| 13. Bend knee and place foot in basin of water. | 13. Bath towel under basin. |
| 14. Wash foot. | |
| 15. Hold foot with one hand, withdraw basin with other hand. | 15. Heel of foot in palm of hand. |
| 16. Dry foot. | 16. Between toes. Observe skin for reddened areas. |
| 17. Wash and dry other foot. | 17. Same manner. |
| 18. Cut toe nails if needed. | 18. Straight across. |
| 19. Place towel under buttocks. Wash and dry genitals if patient is unable to do so. | 19. Arrange basin, soap, washcloth, and towel within reach if patient does own bathing. |
| 20. Fill basin 2/3 full of fresh hot water. | 20. Clean washcloth. |
| 21. Turn patient on side. | 21. Place towel on bed along back. |
| 22. Wash and dry back and hips. | 22. Observe skin for reddened areas. |
| 23. Rub back. | 23. Long firm strokes. |

24. Put on gown.
25. Clean fingernails--file if necessary.
26. Remove, clean and put away equipment.
27. Make the bed.

24. Under bath blanket.
25. Protect spread with towel.

TUB BATH OR SHOWER

Check doctor's orders and supervising nurse's instructions to see if a tub bath or shower can be given.

Check bath room to insure cleanliness and that it is warm and free of drafts.

Assemble articles for bath: Clean gown or clothing, towel, wash cloth, soap, bathmat, chair next to tub or shower, if possible.

Fill the tub 1/3 full of warm water. (115 degree fahrenheit.) Test with elbow.

Assist the patient into bath robe and slippers and to bath room.

If shower, adjust temperature of water from shower to warm. Turn cold water faucet on first in shower, then hot water faucet.

Assist patient to undress and help him into the tub or shower. Hold him firmly by the upper arm and place hand under far arm until he is seated in the tub.

Give the patient the wash cloth and soap and place towel within reach.

Assist with washing back and give other assistance as necessary.

If patient is left alone, return frequently and stay near enough to hear patient if he calls. The bath room door must not be locked.

When bath is completed, assist patient out of tub or shower, help with drying and dressing as indicated. Assist him back to his bed or to a chair.

Turn hot water faucet off first then cold water faucet in shower.

Wash the tub or shower, remove soiled linen and leave bath room in order

Record bath, condition of patient, time and type of bath.

Baths:

1. Purposes of the bath.

- a. _____
- b. _____
- c. _____
- d. _____

2. Keep soap _____ at all times.

3. _____ patients must be sponged each time they soil themselves.

4. A partial bath daily includes _____.

5. A bed bath is given when the patient is _____.

6. Other personal things taken care of at bath time are: _____.

7. The skin of older people is _____.

8. The feet and toenails of older people need _____.

BACK RUB

A back rub is refreshing and relieves tired muscles. It also aids circulation and helps to prevent bed sores (decubitus ulcers).

For the elderly patient, the back rub should be soothing and gentle with little pressure using long firm strokes up and circular motion down back.

The back rub is given after the cleansing bath, and morning and evening care. It may also be given when changing the position of a helpless patient.



Material Needed: Body Lotion - Alcohol if Ordered - Powder

Procedure	Key Points
1. Patient on side or prone	1. Back to aide.
2. Pour lotion on hands.	2. Small amount - warm.
3. Apply to back.	
4. Begin at base of spine rub up center, over points of shoulders	4. Long soothing stroke - hands and fingers flat.
5. Use circular motion over the shoulders and down the sides and over the hips.	5. Use small circular motion.
6. Repeat 4 & 5, four times.	6. Keep hands on the skin throughout rub.
7. Finish with long soothing stroke upward and a light finger tip stroke downward.	7. Several times.
8. Replace gown.	8. Leave patient in comfortable position.
9. Straighten draw sheet and covers.	

TO CHANGE A GOWN

Many patients can change their gowns and should be encouraged to do so. However, the Home Health Aide should be ready to help when necessary.

The hospital type gown with tape ties at neck and open down the back can be changed easily.

Pajamas coats opened down the front are easier to put on than gowns and coats that slip over the head.

To Change a Hospital Gown

Procedure	Key Points
1. Remove soiled gown from arms.	1. Leave over chest.
2. Spread clean gown over chest.	2. On top of sheet.
3. Gather far sleeve from hem to shoulder.	3. For ease in putting it on arm.
4. Draw far hand through sleeve.	
5. Tuck gown under shoulder and side.	5. Smooth and free of wrinkles.
6. Do same for near arm.	
7. Tie tapes at neck.	
8. Pull soiled gown out from under sheet.	8. Away from face.
9. Straighten top bedding.	9. Neatness and appearance.
10. Leave patient comfortable	

Note: Take sleeve off an injured arm last. Put sleeve on an injured arm first.

To Change Pajamas

Procedure	Key Points
1. Unbutton pajama top.	
2. Run hand down near arm to elbow.	2. Inside of sleeve.
3. Bend elbow - Slip sleeve off.	3. Ease in removing arm.
4. Place arm in sleeve of clean top.	

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| 5. Have patient turn from you. | 5. To side. |
| 6. Roll soiled top against opposite side. | |
| 7. Roll clean top next to soiled one. | 7. Roll loosely. |
| 8. Turn patient toward you on to side. | |
| 9. Go to opposite side of bed. | 9. Less strain in working. |
| 10. Pull the tops from underneath patient. | 10. Straighten clean top. |
| 11. Take soiled sleeve off arm. | 11. Leave soiled top on side of bed. |
| 12. Slide the arm into the clean sleeve. | |
| 13. Straighten top under and over patient | 13. For comfort. |
| 14. Turn on back. | |
| 15. Button up front. | |

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| 1. Unbutton snaps or buttons on pants. | |
| 2. Slip trousers from under hips. | 2. Keep covered. |
| 3. Pull down over legs and off feet. | |
| 4. Put on the clean pair. | 4. One leg at a time. |
| 5. Slip under hips and up to waist. | 5. No wrinkles. |
| 6. Fasten. | 6. To keep in place. |
| 7. Remove soiled pajamas | |

MOUTH CARE

Clean mouth and teeth help to prevent a foul breath, a coated tongue and will make food and liquids taste better. The teeth should be cleaned twice a day. The patient generally can brush own teeth, which gives exercise to arm and hand muscles. If he cannot, the home health aide must do it for him. The aide should use large applicators instead of toothbrush.

If patient can brush own teeth, protect his gown with the towel and place articles within easy reach. Hold basin so he can spit into it.

A mixture of glycerin, one part, and lemon juice, two parts, can be used on tongue and dry lips of a patient who breathes through the mouth.

Purpose: To keep the mouth, gums and teeth clean and healthy.

Things needed:

Towel
Glass of cold water
Toothbrush and tooth paste

Waste container (emesis basin)
Large applicators if needed
Paper bag

Procedure for Helpless Patient	Key Points
1. Place towel under side of head and chin.	1. Protect sheet and gown.
2. Moisten large applicator slightly.	2. Prevent choking from water running down throat.
3. Cleanse mouth gently.	3. Support chin with hand.
4. Repeat with clean applicators until mouth is clean.	4. Discard applicators in paper bag.
5. Have patient rinse mouth with water.	5. Let water run <u>slowly</u> out of mouth into basin.
6. Wipe mouth and chin.	
7. Remove articles from bedside, clean and put away. Burn applicators.	

To Clean False Teeth:

Have patient hand false teeth to home health aide on a paper napkin or tissue. Have patient rinse mouth with cold water or a mouth wash. Rinse teeth with cold water, wash with brush and tooth paste or baking soda, place in cup of water and bring to patient. Dentures should be kept in cool water in a covered container when not in patient's mouth.

CARE OF HAIR

Brushing and arranging the patient's hair is part of her daily care. The hair should be brushed to increase the circulation of blood in the scalp; to remove dandruff and lint; and to make the patient feel better. Brushing releases the natural oils and gives the hair its sheen. The comb and brush must be kept clean by being washed when the hair is shampooed or oftener if needed

Procedure	Key Points
1. Spread towel over pillow or over shoulders if patient is sitting up.	1. To keep hair off pillow
2. Turn head to one side.	2. To care for hair on back of head.
3. Part hair down the middle.	3. Front to back.
4. Comb the hair.	4. Small strands at a time. If tangled hold strand between the scalp and the comb to avoid pulling the hair. Begin at end. Oil or alcohol help to remove tangles.
5. Brush well.	5. Arrange attractively.
6. Braid long hair.	6. Not too tight near scalp. Fasten ends of braid with rubber bands or ribbon.
7. Turn head to other side and repeat as above.	
8. Remove towel. Clean and replace equipment.	

BED SHAMPOO

The most important thing in giving a bed shampoo is some way to carry off the water. Pin a rubber or plastic draw sheet with a small towel over it around the patient's neck. Roll outer edges of the sheet into a trough which drains the water into a bucket.

Articles needed:

Large rubber or plastic sheet
Large pitcher of hot water
Small pitcher for pouring water
2 small towels
Safety pin

Large bucket to catch water
Newspapers
Shampoo
2 bath towels

Procedure	Key Points
1. Protect floor and table.	1. Use newspapers

Procedure	Key Points
2. Bring needed articles to bedside.	2. Place easy to reach.
3. Move patient's head to edge of bed.	3. In comfortable position.
4. Place pillow under shoulders.	4. So head will drop back.
5. Pin rubber sheet around neck.	5. Described above.
6. Form trough with rubber sheet.	6. End in bucket.
7. Place small towel over eyes and ears.	7. Folk length wise. Protect eyes and ears.
8. Fill small pitcher. Wet hair.	8. Easy handling. Pour close to head. Avoid splashing.
9. Apply liquid soap or shampoo.	9. Work up good lather.
10. Rinse	10. Remove soap.
11. Repeat 9 & 10.	11. Rinse until hair squeaks between fingers.
12. Squeeze excess water from hair.	12. Use small towel from eyes.
13. Wrap hair in bath towel.	13. Drop rubber sheet into bucket.
14. Pull pillow from under shoulders to head.	14. Cover with second bath towel.
15. Position patient.	15. Comfortable.
16. Finish drying hair.	16. If not to be curled, comb and arrange.
17. Straighten bedding.	
18. Clean and put away everything.	18. Leave room in order.

SHAVING A HELPLESS PATIENT

Shaving a man's face makes him feel and look better. You must use great care and the razor must be sharp. An electric razor is most helpful but in many cases they won't be available.

You will need: Basin of hot water, towel, wash cloth, razor, shaving cream, lotion and mirror.

1. Arrange the things on the bedside table. Place the lamp so that the light is directed onto the face of the patient.
2. Have patient move to the side of the bed near the bedside table. Raise the backrest.

Place the towel across the front of the pajamas and over the shoulders to back.

3. Get basin of hot water.
4. Wet his face. Do not dry the skin.
5. Apply the shaving cream all over the beard.
Let the cream soften the beard two minutes.
6.
 - a. Hold the skin upward with the left hand and make a downward stroke with the razor.
 - b. Do a small part at a time until you have covered every part.
 - c. Be especially careful to use very short strokes on the neck, under the chin and above the upper lip.
 - d. Keep the skin and razor wet while you are shaving.
7. Rinse the razor in the basin of hot water after each stroke.
8. Wash his face with a wet washcloth. Rinse and gently pat and dry.
9. Put after-shaving lotion on if the patient has some.
10. Give the mirror to the patient to look at himself.
11. When you are finished, take care of the things you used.
 - a. Empty the basin and clean.
 - b. Rinse the razor. Discard the razor blade in a safe place.

Mark the following statements true or false:

- | | | |
|---|------|--------|
| 1. A backrub helps prevent bed sores. | True | False |
| 2. The backrub is given before a tub bath. | True | False |
| 3. Begin a backrub at the neck. | True | False |
| 4. Use a circular motion over shoulders, sides, and hips. | True | False |
| 5. Finish the rub with several soothing strokes upward and light fingertip strokes downward. | True | False |
| 6. Take sleeve off injured arm first. | True | False |
| 7. Put sleeve on injured arm last. | True | False |
| 8. A clean mouth and teeth will make food taste better. | True | False |
| 9. A mixture of glycerin and lemon juice can be used on a mouth breather's tongue. | True | False |
| 10. Use tooth paste on applicators to clean a helpless patient's teeth. | True | False |
| 11. Brushing the hair increases the circulation of blood in the scalp. | True | False |
| 12. It isn't necessary to wash the comb and brush if the hair is washed frequently. | True | False |
| 13. If hair is tangled, begin at the scalp and comb toward the ends. | True | False |
| 14. A small amount of oil or alcohol on the hair will help remove tangles. | True | False |
| 15. A patient should wash her hands before meals, after a bowel movement or voiding and as needed at other times. | True | False |
| 16. A diabetic's nails must be cleaned each day with a metal nail file. | True | False |
| 17. Nails should be kept short to prevent scratching and a possible infection. | True | False |
| 18. Any blueness of the toes of a diabetic must be reported to the supervising nurse or the doctor at once. | True | False |
| 19. Corns and calluses on a diabetic's feet can be cut with a sharp razor blade. | True | False |
| 20. Do not use a hot water bottle or an electric pad on a patient's feet without an order. | True | False. |

ELIMINATION

Elimination means voiding or having a bowel movement. Most patients in the home go to the bathroom or use a commode. If the patient cannot do either, he uses the bed pan or urinal.

A daily bowel movement is the rule but some people have several, other may have only one every two or three days.

Normal feces are soft, formed stools of brownish color. A dark tar like stool is a sign of bleeding in the stomach or high up in the bowel. Some medicines will cause a tarry stool. Bright red blood is the sign of hemorrhage lower down in the bowel or in the rectum. Either of these must be recorded and the stool saved for inspection by nurse or doctor.

Normal urine is straw colored or light amber. The color is lighter if the patient drinks much water, and darker when he drinks less. Some medicines change the color of the urine. One - two quarts are voided in 24 hours. Record any pain or burning on urination.

Giving and Removing Bed Pan

Needed:

Bed pan and bed pan cover
Toilet paper

Newspaper
Warm water, soap and towel

Procedure	Key Points
1. Place warm covered pan on foot of bed or chair.	1. On newspaper - never on floor nor table. Handle pan at closed end, never touch inside of pan.
2. Fold linens and gown back out of way.	2. Don't expose patient unnecessarily.
3. Have patient raise buttocks by flexing knees and pushing on bed with his feet. Place one hand under small of patient's back if he needs help.	3. Lift with patient.
4. Place bed pan under buttocks so they rest on the rounded part of the pan. Open end toward feet.	4. Place rolled towel under small of back for comfort.
5. Replace top covers. Give toilet tissue and signal light or bell.	5. Put bell within patient's reach.
6. Elevate head of bed if permitted.	

Note: Two persons may be needed to lift the patient on to the pan; or the patient may be rolled on to his side, the bed pan put in place and the patient rolled back on it. Go to opposite side of bed and make sure pan is completely under the hips.

To Help off the Bed Pan

Procedure	Key Points
1. Have patient raise hips as before.	
2. Remove bed pan. (If unable to wipe himself, aide must do it after a B. M.)	2. Place on newspaper on chair or bed.
3. Have patient wash hands.	3. Dry thoroughly.
4. Leave patient comfortable.	
5. Empty bed pan into toilet.	5. Rinse with cold water.
6. Wash with detergent and rinse.	6. Remove all signs of feces with brush or toilet tissue.
7. Wash your hands thoroughly.	
Note: Record any change of color and amount of urine if it is to be measured.	
Record: Size of stool (large, medium, small) Kind (hard, soft, formed, liquid) Color, if unusual	

ELIMINATION

1. _____, _____, _____, or _____ sometimes cause a change in normal bowel movement.
2. If the stool is _____ and _____, it can usually be called a _____ stool.
3. The purpose of the cleansing enema is to _____ and _____.
4. A tarry stool may be caused by _____ or _____ or _____.
5. The color of the urine may be changed by _____, _____ or _____.

The following statements are either true or false.

- | | | |
|---|------|-------|
| 1. The amount and kind of food eaten may cause a change in normal bowel activity. | True | False |
| 2. A cleansing enema can be given to the patient while he is sitting on the toilet. | True | False |
| 3. Each patient should have a bowel movement every day. | True | False |
| 4. The usual amount of urine voided in one day varies from 1000 ccs. (1 quart) to 1800 ccs. | True | False |
| 5. An examination of the urine is called urinalysis. | True | False |

SYMPTOMS OF ILLNESS

One of the most valuable functions of the Home Health Aide is to be alert to changes in the condition of the patient, note these and report them to the nurse. The patient and family should not be needlessly alarmed. The aide should observe the patient without showing too much concern so the family and patient will not be needlessly alarmed.

General Appearance

The expression of the patient's face, his movements, what he says and how he says it to his usual behavior may be a clue to a change in the patient. The face may be drawn, anxious, flushed or pale. The eyes may be heavy, unusually bright, the whites (sclera) yellow or inflamed.

Nose and Throat Symptoms are Easily Recognized

Running nose, sneezing, coughing, hoarseness, difficulty in breathing, and sore throat may be the beginning symptoms of many conditions.

Fever and increased severity of symptoms are danger signs.

Some of the communicable diseases start with these symptoms and one should be alert for signs of rash or other symptoms in adults as well as children.

The mouth should be observed in regard to the condition of the gums, tongue and lips.

The voice may be weak. Moaning and crying should be noted.

The Skin

At bath time, observe the patient for discolorations, eruptions, breaks in the skin, puffiness of the tissues, dryness or excessive perspiration.

Appetite

The patient's appetite and his thirst should be noted. Weight gain and loss are both important.

Sleep

The character of sleep should be noted, such as frequent naps, restlessness, wakefulness or an excessive amount of sleep.

General Malaise

This is a term which is convenient to use. It is a feeling of vague

general discomfort. It is usually accompanied by a feeling of tiredness, weakness and depression.

Pain is a Warning Sign

When reporting pain, the nurse or doctor will want to know the location, when it began, how long did it last, was it sharp or dull, severe or slight, continuous or intermittent?

Nausea and Vomiting

Nausea and vomiting, accompanying pain, and a description of vomitus (amount, color, consistency, thick or watery, odor, time and frequency) should be recorded.

Bowel Movements

Observe and record bowel movements. Describe any change in bowel habits or abnormal appearance of stool.

Urinary Symptoms

Urinary symptoms to note are pain and burning on urination, frequency of voiding and the amount, color and appearance of the urine.

Emotional Disturbances

Emotional disturbances are also important to note. Changes in behavior, anxiety, depression, sleeplessness, loss of interest in the surroundings, unreasonable fears and suicidal threats are only a few of the many warning signs. These must be handled by a qualified professional person.

Fever

Fever is a well known symptom of illness with its accompanying flushed dry skin, thirst, restlessness and discomfort.

Pulse

The pulse rate may also increase with the temperature. Other symptoms to note in checking the pulse are: Strength, rhythm and rate.

Respiration

Respirations may increase with a fever. Other points to note in relation to respiration are: Depth, rhythm, any unusual respiratory sounds and complaint of pain on breathing.

SYMPTOMS OF ILLNESS

1. One of the most valuable functions of the home health aide is:
 - a. _____.
 - b. _____.
 - c. _____.
2. The following in contrast to his usual behavior, may be a clue to a change in the patient.
 - a. _____.
 - b. _____.
 - c. _____.
3. List five symptoms which may be the beginning of an illness.
 - a. _____.
 - b. _____.
 - c. _____.
 - d. _____.
 - e. _____.
4. The patient's skin should be observed for:
 - a. _____.
 - b. _____.
 - c. _____.
 - d. _____.
 - e. _____.
5. Urinary symptoms to note are _____ and _____.

RECORD KEEPING

The patient's permanent record is kept in the local home care agency and is not left in the home. Policies regarding the aide's method of recording are determined by the agency for whom she works and will vary from one agency to another. However, the home health aide will be expected to provide certain information about the patient and about the aide's own duties in the home. The aide's activities in the home follow the nursing care plan for the patient made by the supervising nurse. She follows the doctor's orders for care and treatment.

The aide will record the following information as it applies, giving the time of occurrence and the reaction of the patient as indicated:

1. Diet - Amount eaten and whether it was enjoyed or patient had to be urged to eat.
2. Personal care given - Kind of bath, bed changed, shaved, mouth care, other care.
3. Activity - Up in chair, to bath room, walking about, exercises, other activity.
4. Treatments - Give materials used, method of treatment and results.
5. TPR - Time taken and any unusual quality of respirations or pulse.
6. Medications (oral) - Time, dosage, reaction of patient.
7. Urination and bowel movements - Amount, frequency and description if unusual.
8. Symptoms (describe) - Cough, difficult breathing, difficulty in swallowing, nausea and vomiting, color (flushed, pale, blue), pain (sharp, throbbing, dull and give location and duration), changes of mood.
9. Visits of doctor and/or supervising nurse.

In addition record the household management assignments which were carried out such as cleaning, laundry, cooking and shopping.

The doctor or nurse may ask the aide to observe the patient for certain symptoms. She will be guided by the supervising nurse as to other information which may be recorded. Information given to the aide by the patient or the family regarding the patient's condition between her visits may be recorded.

Unusual symptoms appearing while the aide is in attendance should be reported at once to the home health care agency. The supervising nurse will call the doctor or take appropriate action to assist the aide in an emergency situation.

Sample Record

Mrs. Mary Black, 109 South 5th

Year						
Date				B °		
Hour	TPR	Diet, Treatments, Medicines	M	U	Care Given	Remarks
12/6/66						
7 a.m.					On commode	
7:15	98.88 .16	1 tablet #920 appetite stimulant	+	+	Morning care	
7:30		1 glass orange juice 1 cup oatmeal & 1 cup milk 1 slice buttered toast 1 cup coffee			Ate without urging	
8 a.m.					Bed bath and back rub. Body lotion to dry skin. Did own hair, mouth care, nails	
8:45					Up in chair - reading Bedroom, bathroom in order	
10:00-						
10:15		1 cup hot coffee	+	+	Large amount loose stool. Hands washed	
10:30					Back to bed. Walked with help.	
11:00					Personal laundry on line. Kitchen cleaned. Lunch-began preparation of	
11:45		Tablet #920			States she feels better than yesterday.	
12:00		Sliced tomato 1/2 cup carrots curried chicken and rice Strawberry shortcake 1 glass milk			Enjoyed lunch Sister will care for her between visits Next visit 7 a.m., 12/9/66.	

UNIT 6
PROCEDURES AND TREATMENTS

TEMPERATURE, PULSE, AND RESPIRATION

The trend, in the past few years, is away from taking a temperature routinely each day on convalescent patients unless the doctor orders it to be taken; the patient shows signs of an elevated temperature such as a flushed hot skin, unusually bright glassy eyes, restlessness and thirst, or has symptoms of a cold.

The temperature may be taken in the mouth, in the rectum which gives the most accurate measurement, in the armpit or the groin which are the least accurate. The temperature is never taken orally if the patient cannot keep the lips closed over the thermometer.

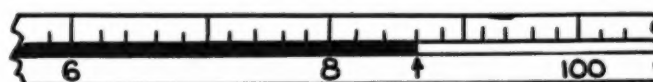
Always handle the thermometer at the tip; never the bulb.

To take an oral temperature, first check the thermometer to see that the mercury is below the 95 degree mark. Have the patient seated or lying down. Place the bulb, silvery end, under the tongue at the side. Instruct the patient to close lips, not the teeth, on the thermometer. Leave in place two to three minutes.

To Read the Thermometer

Wipe the thermometer from the tip to the bulb with cotton or paper tissue.

Hold at tip so that thumb is on the numbers and forefinger is on the lines.



Even long lines, 96-98, etc., are numbered; uneven long lines are not, 97-99, etc. Short lines denote tenths of a degree as, 2/10, 4/10, 6/10, 8/10.

Turn the thermometer back and forth slowly until the mercury is seen against the white background.

Find the line that the column of mercury reaches. If it is a short line, look for the next long line toward the bulb that has been in the patient's mouth.

Read the temperature at that degree and add the tenths. Record the temperature on the patient's chart with the time it was taken.

Care of Thermometer

Hold tip firmly between fingers and thumb.

Moisten a paper tissue or small piece of cotton in cool water and soap lightly.

Start at the tip and rotate the tissue with friction down the thermometer and over the bulb.

Repeat.

Rinse under cold water.

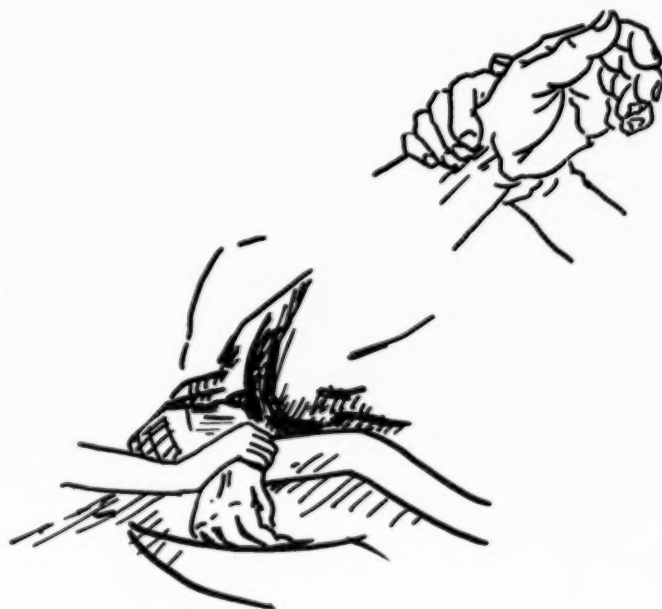
Shake down the column of mercury to 95 degrees or below. Take care not to hit thermometer against anything.

Place thermometer in clean glass of water with cotton in the bottom of it. Keep in a safe place.

When taking the pulse, have the patient seated or lying down. The pulse should not be taken immediately after a change of position as this tends to increase the rate. The pulse is taken to determine the rate or number of beats per minute; the rhythm or pattern by which the heart beats are spaced. With a normal regular pattern the beats are spaced at equal intervals and are of equal force.

The pulse can be felt where an artery crosses a bone close to the surface of the skin as at the temple or in the wrist where the radial artery crosses the bone on the thumb side of the wrist.

The radial pulse is found by sliding the forefinger down along the side of the thumb until it reaches the depression below the wrist. The hand must be at rest on some surface palm down while the pulse is counted. One learns by practice, the amount of pressure needed to feel and count the pulse. If pressure is too light or too heavy the pulse will not be felt.



Count the beats for one minute. A watch with a second hand must be used when counting the pulse.

Record immediately. If there has been a change in rhythm note that also.

On full respiration includes breathing in and out once. The chest expands or rises when breathing in and gets smaller on expiration. It is difficult for the patient to breathe normally as soon as he thinks about it. The home health aide learns to count each rise of the chest as she holds the wrist with arm across chest as though counting the pulse. Again a watch

with a second hand is used and the respirations counted for a full minute.

Record the rate.

Besides counting the respiration she should notice whether the breathing is easy; "labored", that is difficult to get one's breath; or noisy.

As skill is acquired, the pulse and respiration can be counted for one-half minute and the count multiplied by two which gives a more accurate rate than counting for a quarter of a minute and multiplying by four.

TEMPERATURE, PULSE AND RESPIRATION

Mark the following statements true or false.

- | | | |
|--|------|-------|
| 1. Temperatures of convalescent patients should be taken daily. | True | False |
| 2. A temperature taken by mouth gives the most accurate measurement. | True | False |
| 3. The temperature is never taken orally if the patient can't keep his lips closed. | True | False |
| 4. Always handle the thermometer at the tip. | True | False |
| 5. Before reading a thermometer, wipe it from the bulb to the tip with tissue or cotton. | True | False |
| 6. When taking the pulse, have the patient seated or lying down. | True | False |
| 7. The pulse can be felt where an artery crosses the bone close to the surface of the skin. | True | False |
| 8. An ordinary wrist watch can be used in counting the pulse. | True | False |
| 9. One full respiration includes breathing in and out once. | True | False |
| 10. Besides counting the respiration, the aide should notice if it is labored, noisy, or normal. | True | False |

MEDICATIONS

The patient may be taking medicines at home. The physician's order for the drug includes the name, dose and frequency. Medications are the legal responsibility of the physician and the professional nurse. Caution must be taken in observing the patient for side effects, drug allergies and other conditions which might arise from the use of the medication. This observation of the patient requires the knowledge and experience of a professional person.

The aide assists with oral medications that can be self-administered. She reminds the patient that a given medicine is to be taken at the time ordered and in the manner ordered. The label should be checked to make sure that the correct medication is taken in the right dose.

No one but a licensed physician can prescribe a medication. This includes such common medications as aspirin and cathartics.

The aide should seek the advice of the supervising nurse if she notes changes in the patient which might be caused by the medication he is taking. The nurse or doctor may ask the aide to watch for certain symptoms in relation to the therapy (treatment) of the patient.

HOT WATER BOTTLE

A rubber hot water bottle (or bag) is used to relieve aches and pains, to increase circulation or to warm the patient. The bag must be checked for leakage to prevent wetting the bed or the patient's clothing or burning him.

The temperature of the water may be 120°-130°F. When you bring it to him ask the patient how the temperature feels to him as some people are more sensitive to heat than others.

Always fill the bag from a pitcher, never from the faucet. Make the temperature bearable to your clenched fist if no bath thermometer is on hand.



HOT WATER BOTTLE

Procedure	Key Points
1. Pour water into bag.	1. Slowly, 1/3 full, weight comfortable to patient.
2. Expel air.	2. Bag flat on table, neck up until water appears in neck.
3. Screw in stopper.	3. Tight to prevent leaking.
4. Dry, test for leaks	4. Upside down - press sides. Dry inside of neck.
5. Cover with bag or towel.	5. To keep rubber away from patient's skin.
6. Place as ordered.	6. Avoid uncomfortable pressure of bag. Inspect skin for redness regularly.
7. Refill as needed.	7. Keep desired temperature.
8. Chart	8. Where and for how long bag was used. Reaction of patient.

Care of the bag after use:

1. Empty bag, hang upside down to dry.
2. Put stopper in safe place or tie to bag.
3. When dry, screw in stopper.
4. Leave air in bag to keep sides from sticking together.
5. Store in usual place.

SITZ BATH

The Sitz bath is given to relieve congestion (increased amount of blood) in pelvic organs, to relieve pain following an examination of the bladder, (cystoscopy) to help a patient void, and to relieve discomfort caused by hemorrhoids (piles).

A special tub or Sitz bath seat can be bought but an ordinary bath tub can be used. In it, the patient sits with thighs and buttocks covered with water of 105° temperature. The temperature of the water can be raised by pouring hot water from a pitcher (keep hand between hot water and the patient) into the water in the tub. Let patient become used to the increased heat gradually.

The time in the tub varies from 10-30 minutes.

The weak patient should not be left alone.

COLOSTOMY DRESSINGS

A colostomy is a surgical opening in the colon through which feces move where there is a bowel condition which does not permit movement through the rectum.

Care of the colostomy may vary considerably from patient to patient. If the patient has been taught how to care for himself and has a certain amount of regularity of bowel movement, he may require no assistance from the nurse or aide.

There are many types of colostomy bags which require a minimum of care. Instructions for their use are included in the commercial package.

The following instructions are for the care of the new colostomy patient who has probably only recently had surgery and is not able to care for himself. If he is able to go to the bathroom for care, the procedure is less objectionable and is simplified. The most important point in caring for these patients is to be sensitive to the patient's emotional feelings toward this type of surgery.

Be careful to show no distaste toward giving this care.

Equipment needed: Warm water and soap, towel, disposable rags, toilet paper, old newspaper, vaseline or ointment ordered by doctor.

Remove the binder and the soiled dressings. Discard onto newspaper. Clean area around opening (stoma) of bowel movement with toilet tissue and discard onto newspaper or in toilet. Wash area with warm water and soap, using clean rags. Rinse and dry. Apply vaseline or ointment to stoma and surrounding area. Place disposable tissue in form of a "donut" around the stoma and cover opening with another disposable dressing. Reapply binder.

Flush feces and toilet tissue down the toilet. Burn other contaminated material. Disinfect wash basin if it is used.

Non-disposable colostomy bags should be removed, washed thoroughly with soap and water, rinsed, dried and replaced after the stoma and adjacent area are cleaned. The disposable bag is removed when soiled and burned. Cleanse the stoma and adjacent area before applying the fresh bag.

CARE OF THE SKIN AND DECUBITUS ULCERS

Prevention of tissue breakdown is an important part of good nursing care. This starts with good skin care. The skin of the elderly and the chronically ill patient is dry and thin. He may perspire very little. Full daily baths are not indicated. Soap should be used sparingly. A partial

bath given daily is important, with special attention given to the back, buttocks and genital area. Incontinent patients must be sponged each time they are soiled. A soft towel should be used in patting the skin dry. A light powdering with talcum or corn starch may be indicated. Lotion with lanolin base should be used in messaging. Alcohol is drying to the skin and should not be used unless ordered by the doctor.

A clean dry bed is a must to prevent bed sores. Sheets and pillow cases must be free of wrinkles and crumbs at all times. The bed patient's position must be changed every one or two hours when awake and every two to three hours when asleep.

Regular back rubs and messaging of areas which are prone to break down will help in preventing pressure sores. The use of sheep skin or foam rubber pads under bony prominences is helpful. The use of rubber rings or donuts are no longer considered wise since these create a circle of pressure and cut off circulation.

Decubitus ulcers are bed sores or pressure sores which result from interference with the blood supply to the bony prominences of the body, or may occur under casts, braces or other appliances where there is pressure. The aide must be constantly alert to the appearance of reddened areas over the coccyx (tail bone), hips, shoulder blades, elbows, back of head, ears, ankles, heels and sides of feet. If the condition is not controlled, these areas may become blue or mottled and the tissues will finally break down, becoming an open ulcer. The first signs of redness should be reported to the nurse.

Exposure of pressure sores to light and air is helpful. The bedding may be supported by a cradle to allow circulation of air and to prevent pressure and chafing from the bedding. The use of sheep skin with the fleece side next to the patient is helpful. These skins must be kept clean and dry. Absolute cleanliness is essential since the breakdown of tissues will allow infection to occur.

Medical treatment of the ulcer is prescribed by the physician and carried out by the supervising nurse, or is done under her supervision. An alternating pressure mattress may be recommended by the doctor. This mattress has a motor which inflates and deflates air spaces in the mattress to alternate pressure on different parts of the body. These may be rented or purchased.

PROCEDURES AND TREATMENTS

1. Medications are the _____ of the physician and professional nurse.
2. The aide assists with oral medicines that can be _____.
3. Only the _____ can prescribe aspirin and cathartics.
4. The hot water bottle is used to _____, _____, and _____.
5. Always fill the hot water bag from _____ never from _____.
6. The Sitz bath is used to _____, _____, _____, and _____.
7. A colostomy is _____.
8. _____ is an important part of good nursing care.
9. A clean, dry, smooth bed is a _____.
10. Decubitus ulcers are _____.

ENEMA

The cleansing enema is the enema most commonly ordered by the doctor. The purpose of a cleansing enema is to stimulate peristalsis as an aid to elimination and to remove feces from the lower bowel. If the patient has never had an enema before, explain the procedure to him so that he can cooperate. If he is relaxed, the enema is more likely to be successful.

The patient should be lying on his left side or on his back, with a towel covering a plastic or rubber sheet under his buttocks.

If the doctor orders a disposable enema unit, they can be bought at the drug store. The unit is complete, even to the lubricant on the nozzle. The plastic tube or sack containing the enema solution can be immersed in a basin of warm water until it is warm enough for the patient's comfort. Solution that is too hot will not be held. A solution that is too cold will not be expelled.

Equipment Needed

Tray
Enema bag or funnel
Connecting tubing, stopcock (clamp)
and enema tip or rectal tube

Enema solution at 105° as ordered
by the doctor (if none ordered,
give one or two pints of plain
warm water)

Standard on which to hang the
enema bag

Lubricant for the tip or dis-
posable enema unit

Extra towel with plastic or
rubber sheet.
Extra blanket
Bedpan

Toilet paper

Newspaper to protect table
and chair

Protect the table and chair. Have the bedpan or the commode at bedside.

Cover the patient with the extra blanket and reaching under it, fold back the upper bedclothes to the foot of the bed.

Place the rubber or plastic sheet covered with a towel under the patient's hips.

Roll up the gown or remove the pajama trousers.

Have the patient on his left side or back at the near side of the bed with a pillow under his head.

To permit proper flowing of solution, place the bag so that the top level of the solution will be approximately eighteen inches above the upper surface of the mattress.

Close the stopcock and pour the solution into the bag.

Open the stopcock and let a small amount of the solution flow into the bedpan to remove air and to warm the tubing.

Test the temperature of the solution on the wrist. It should be comfortably warm. Close the clamp.

Lubricate the nozzle.

Insert the tip of the rectal tube two to three inches into the rectum and hold in place. If a hard rubber tip is used, it is inserted to the bulge at its base, usually about two inches.

Rotate the tip slightly but gently. If there is blockage, withdraw the tip a little and try again. If the tube has become clogged, withdraw the tip, allow the solution to run through it, close clamp, and then re-insert.

Open the clamp when the tip is in place. Allow the solution to flow into the rectum slowly. If the patient complains of pressure, pinch the tube and wait a minute or two, and then start the flow gradually. Instruct him to open his mouth and take long deep breaths if he feels discomfort or pressure.

Close the clamp and withdraw the tip gently when there is still a small amount of solution in the container. Wrap the tip in toilet paper and put it on the tray until it can be cleaned.

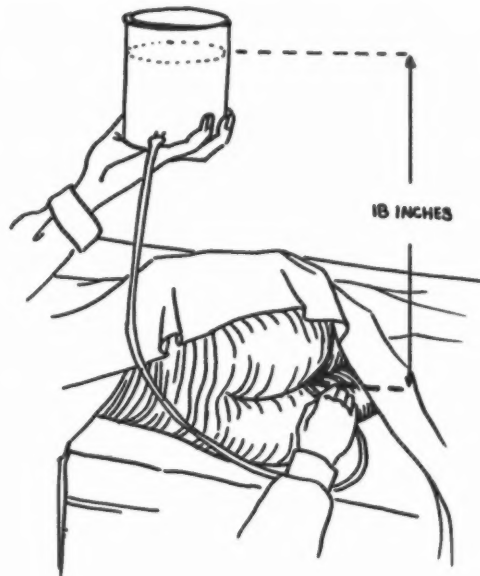
Encourage the patient to hold the solution for a few minutes.

Place the patient on the bedpan and stay with him or within call, or help him get out of bed to use the commode or bathroom.

Cleanse the patient after he has expelled the enema and dry him thoroughly.

Take towel and rubber sheet from under patient. Replace top covers. Air extra blanket and put away if not soiled.

Wash the patient's hands. Note the contents of the bedpan and the patient's reaction to treatment and record. Wash equipment thoroughly with soap and water and allow to dry. Wrap the enema tip or rectal tube in cloth and boil three minutes.



UNIT VII
PLANNING AND ORGANIZING
PATIENT CARE

Procedure for Home Health Aide Trainee Upon Entering Home:

- I. Greet client.
- II. Discuss procedures for the day.
- III. Wash hands with soap and water when you arrive and leave.
- IV. Plan work so you can accomplish the most in the least possible time with the least effort.
 - A. Make equipment work for you.
 - B. You work while equipment works and food cooks, etc. These are common practices but take planning and foresight.
 - C. Remember many of the elderly people for whom you work are capable of doing some things and may gently be encouraged to do so. Some tasks to encourage are:
 1. Dishwashing
 2. Stocking mending
 3. Dusting of furniture
 4. Picking up
 5. Vegetable peeling
 6. Hobbies
- V. Be considerate in your movements. Don't rush or show signs of extreme hurry, just be efficient. Quiet, steady work where the disabled and elderly are involved is best. They feel useless and helpless enough, and we should not add to this feeling. The reason for asking them to do small chores is so they will feel useful, and these activities serve as rehabilitative measures.
- VI. Absences or tardiness:
 - A. If you are unable to get to work due to illness, car trouble, etc., call the supervising nurse so your patients may be informed or other arrangements may be made.
 - B. If you are unable to reach the supervising nurse, be sure to call the patient.
 - C. When unavoidably detained, call the family or patient to tell them just when you will be there. If this is impossible call the office.
- VII. Specific Safety Rules:
 - A. Passenger in cars: Do not take the patients for car rides, even though this is one of the things they most enjoy. Ordinary car insurance does not cover usage of a car as a public conveyance.

Since you are being paid during the time you are helping these people, they could sue you and the county.

B. Waxing floors:

1. Never wax floors in homes where there are patients who have trouble walking, or who use crutches, walkers, wheel chairs or canes.

C. Personal care:

1. Never cut finger nails or toe nails of diabetic patients or individuals having foot problems, except by doctor's orders.
2. Never give medicine, advice on medicine or diet, or change bandages unless assigned by supervising nurse.
3. Never give nursing care unless instructed to do so.

VIII. Ethics:

- A. Do not discuss patients with patients.
- B. If there is a special problem, discuss it with your supervising nurse. If it is an emergency and nurse is not available, call physician in charge.
- C. Do not take your personal problems to the patients and families. The patient has too much time on his hands to think and it may distress him.
- D. Gifts from patients are discouraged.

IX. Dress:

- A. Home Health Aide trainee should wear a washable house dress. She will wear the aide uniform after employment.
- B. Hose, rather than socks, give better appearance.
- C. Aprons protect your uniform, and should be worn while on duty.

X. Time-Mileage Sheet: (see sample in appendix)

- A. Mileage: Write down speedometer reading before leaving the office and on return to the office if all travel has been done on home health care business.

See Appendix for:

1. Daily service report 130 and instruction
2. Family folder & form 361 with instructions
3. Home Health Care Service Referral 360 with instructions

GUIDE TO HOME HEALTH AIDE ASSIGNMENTS BY R.N./P.H.N.

Name (last) (first) (M.I.)	Health Insurance Card Claim No. Hospital Medical	Welfare Case No.
Mailing Address (Street No., City, State, Zip Code)	Sex	Race Date of Birth
Finding Address		Phone No.
Referring Physician (Name) (Address)		

Name & address of institution, if any, caring for condition later requiring Home Health Services	Verified Dates of Stay
Institution's Patient No. (if applicable)	From To
Diagnosis: _____ Check day(s) visit made to pts. home by prof. nurse and write in date of assignment to HHA.	
Nsg. Care being given: Yes ☐ No ☐ M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun ___	

A. Personal Patient Services

1. Make patient's bed ___ Pt. in bed ___ Out of bed ___
2. Bathing patient: In bed ___ Out of bed ___ Type of bath ___
3. Personal Hygiene: Mouth care, including dentures.
Hair Care: brush, comb, shampoo. Nails: Hands ___ Feet ___
Skin Care: (note pressure points) Alcohol ___ Lotion ___
4. Assist with oral medications: Specify name of drug, Rx No., dose, and time. _____

- Heating pad ___ Hot Water Bottle ___ Ice Pack ___
5. Assistance in the following: Walking ___ Eating ___ Toileting ___
Use of: Walker ___ Cane ___ Crutches ___
6. Exercises: Active motion of _____
Passive motion of _____
7. Elimination: Enema ___ Intake and Output _____
8. Aid in Meal Preparation: Regular diet ___ Special diet ___
9. Unusual habits/activities of patient _____
10. Assisting patient to resume activities of daily living _____
11. Interpretation of community activities and neighborhood services.

Comments by
Supervising
Professional
Nurse
- - - - -

B. Maintenance of a Clean and Safe Environment.

C. Ethical responsibility.

☐ NURSING CARE CALLS ONLY

☐ SCHEDULE

NURSE/HOME HEALTH AIDE		DISTRICT		MONTH	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	
☐	☐	☐	☐	☐	

USEFUL TERMS

Abrasion - A spot rubbed bare of skin.

Abscess - A localized collection of pus in any part of the body.

Air Hunger - Shortness of breath caused by not enough oxygen, usually indicated by rapid labored breathing.

Anemia - A condition of the blood in which the number of red blood cells is reduced or there is not enough hemoglobin to carry oxygen to the cells, or a combination of both.

Antidote - A substance which counteracts the action of a poison.

Anus - The lower end and outlet of the rectum.

Appendicitis - Inflammation of the appendix.

Axilla - The arm pit

Bacteria - A large group of living organisms that are distributed in air, water, soil, the bodies of living animals, some of which may cause disease.

Bladder - The hollow organ that serves as a reservoir for urine.

Bland Diet - A diet made up of mild flavored foods.

Blister - A collection of fluids in a raised area of the skin.

Botulism - A food poisoning (caused by eating non acid vegetables or meats in which bacteria bacillus botulism (grows in absence of air) has produced toxin. This food poisoning is frequently fatal.

Bronchitis - Inflammation of the mucous membrane of the bronchi.

Bruise - An injury with discoloration and unbroken skin.

Buttocks - The fleshy part of the body back of the hip joints, formed by the masses of the hip muscles.

Calorie - The unit used to express food energy.

Carbohydrates - (starches and sugar) energy producing foods.

Cathartic - A medicine that hastens and increases movement of the bowels.

Chill - A sensation of cold accompanied by shivering, frequently the beginning symptom of acute infections.

Chronic Illness - Long term illness.

Circulatory System - The heart, arteries, veins and capillaries, which carry the blood throughout the body.

Commode - A toilet chair with a removable waste basin for use at the bedside.

Communicable Disease - Is passed from one person to another.

Concussion - A condition produced by a fall or blow on the head, and marked by unconsciousness, feeble pulse, cold skin, and pallor.

Contamination - The presence of an infectious germ on a body surface or an article.

Contracture - Shortening of muscle, producing deformity.

Convalescence - The time spent in recovery after illness.

Cyanosis - A bluish tinge in the color of mucous membranes and skin, caused by lack of oxygen in the blood.

Cystitis - Inflammation of the urinary bladder.

Decubitus Ulcer - A bedsore, an ulcer caused by pressure against the bed.

Dehydrate - Remove water as from the body or a tissue.

Depression - An emotional state of dejection, characterized by anxiety and discouragement.

Diabetes Mellitus - (sometimes called sugar diabetes) is a disease in which the body cannot change sugar or starch into energy or into fat to be stored in body. Is not a kidney disease.

Diet - Liquid - Foods in liquid form, or which have been liquified to make them smooth in texture and easy to digest.

Diet - Regular - A normal diet for individuals who do not require dietary modifications.

Diet - Soft - A diet modified in consistency, including liquid foods and those solid foods which contain a restricted amount of indigestible carbohydrate and connective tissue.

Dyspnea - Difficult breathing.

Dysuria - Difficult or painful urination.

Edema - Dropsy, excessive accumulation of fluid in the tissues.

Enema - A rectal injection for therapeutic, diagnostic, or nutritive purposes.

Environment - Surroundings.

Exchange List - A list of foods in which each food within the list contains about the same amount of carbohydrates (sugar & starch) as other foods in the list.

Fracture - The breaking of a bone or of cartilage.

Groin - The depression between the abdomen and the thigh, also called inguinal region.

Hemorrhage - An escape of blood from the blood vessels, bleeding.

Impaction, fecal - A hard firm mass of stool lodged in the intestine, usually in or near the rectum, occurs in constipation when the feces are not eliminated by normal bowel movement.

Incontinence - Inability to control urination or bowel movement.

Intermittent - Stops and starts again.

Itis - Inflammation of - as tonsillitis, appendicitis.

Laceration - A tear, wound.

Laryngitis - Inflammation of the larynx (voice box), an organ of the voice located between the trachea and the base of the tongue.

Malaise - A general feeling of illness, sometimes accompanied by restlessness and discomfort.

Measured Diet - A diet in which a specific amount of various food groups are used. Used in treatment of diabetes, reduction, underweight, and in high and low carbohydrate, fat and protein diets.

Medicate - Treat with medicine.

Mental Health - Is the overall way that people get along in their families, at school, at play, on the job, with other people, and in their community.

Modified Diets - (sometimes called special diets) A diet in which modifications or changes of the normal diet has been made to suit the special needs of the individual.

Motivate - Persuade or encourage.

Mucous Membrane - A mucous secreting membrane lining body cavities open to the outside such as the mouth and throat.

Nausea - A feeling of discomfort in the region of the stomach with tendency to vomit.

Nutrient - Something that furnishes material to sustain the life and promote the growth of a living organism.

Pallor - Paleness, especially of the skin.

Patent Medicine - A trademarked medical preparation, packaged for sale to the public and carrying directions for its use and not requiring a physician's prescription.

Peristalsis - Wave-like motion of the walls of the intestine.

Posture - Position or bearing of the body when the individual is standing at rest, or in movement.

Prescribed Medicine - One ordered by a physician.

Pressure Sores - See decubitus ulcer.

Prone - Lying face down. Hand with palm down.

Protein - A nutrient containing amino acids (building blocks) necessary in human nutrition to build and repair cells and tissues.

Pulse - The throbbing of blood vessels caused by contractions of the heart muscle as blood is forced through the arteries.

Puncture Wound - Produced by a piercing instrument.

Range of Motion - The physical limits of the movement of the joints.

Rash - A temporary eruption on the skin.

Receipt - A written acknowledgment of the payment of money.

Recipe - A formula giving the ingredients, amounts, and methods for preparing or cooking a certain mixture or food.

Rehabilitation - Restoration of a patient to the fullest usefulness of which he is capable.

Rib Cage - The 12 pairs of long, flat, curved bones forming the semi-rigid wall of the chest.

Salmonella - A type of food poisoning, usually caused by the presence of salmonella bacteria in dairy products, eggs and smoked fish.

Spasm - A sudden muscular contraction

Staphylococcus - A bacteria found in pimples and open wounds, may infect and cause food poisoning.

Sputum - Material discharged from the surface of the air passages, throat or mouth and removed chiefly by spitting.

Sterile - Aseptic, free from living microorganisms.

Sternum - That flat, narrow bone in the median line in the front of the chest.

Supine - Lying on the back, face upward.

Symptom - One of the evidences of disease that serves as an aid in diagnosis.

Tantrum - A fit of temper.

Trauma - A wound or injury.

Urinal - A vessel for receiving urine.

Urinalysis - Examination of the urine.

Urine - The discharge of urine from the bladder.

Vitamin - A substance found in minute (very small) amounts in plant and animal tissues -- necessary for life.

Vitamin A - Known as the anti-infection Vitamin. Necessary for normal vision, healthy eyes, healthy skin and body linings.

Vitamin C - (Ascorbic Acid) Necessary to maintain healthy gums, blood vessels, body tissues and for metabolism of protein.

Void - To empty the contents of the bladder.

Vomitus - Vomited matter.

Water Soluble - Can be easily dissolved in water.

Some Common Abbreviations:

a c - Before meals.

b i d - twice daily

c - with

gr - grain

p c - after meals

p r n - when needed

q i d - four times a day

s - without

stat - at once

TPR - temperature, pulse, and respiration

TLC - tender, loving care

Definitions and Abbreviations:

The hollow organ that serves as a reservoir for the urine _____.

A diet of milk flavored foods _____

An injury with discoloration and unbroken skin _____

The unit used to express food energy _____

A bed sore caused by pressure against the bed _____

Excessive accumulation of fluid in the tissues _____

The waste from the bowels _____

b.i.d. _____

q.i.d. _____

T.P.R. _____

